

May 28, 2011

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Service Bureau 2

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I have ongoing concerns about the large number of children who are brought to ERCP to await placement; and the frequency with which this occurs. What adds to this heightened concern is the absence of adequate support to attend to the unique needs of these children. Blended with the inattention to just physical needs, are the attitudes and practices that are displayed towards these children who spend time at ERCP waiting for placement.

About two years ago, in a document dated February 24, 2009, I cited an incident where a note was written, allegedly, at the request of ERCP Manager Asaye Tsegga, directing one of the security guards to keep a teenage child from entering the Borax Building. The female teenager had some behavioral problems and was not cooperating with staff. However, she was a dependent of the court and under the jurisdiction of DCFS. She was in the third trimester of pregnancy and was scheduled to deliver her baby within a period of two weeks of this incident. Fortunately, another ERCP SCSW ignored the directive and allowed the young lady to enter the building so that she could rest in the children's room at ERCP.

When the note was written and given to the security guard, to keep the pregnant teenager out of the ERCP building, the current Division Chief, of ERCP, was at ERCP giving a similar directive to "keep children out of ERCP" ...get them out of ERCP."

Major Concerns

1. **Insensitivity and negative attitudes, by some ERCP employees toward the children who wait at ERCP for placement,.**
2. **Frequent attempts made, by the current Division Chief, to suppress information from the Executive Team.** The DCFS Executive Team has the authority, and is charged with the responsibility to insure that children who are taken into DCFS custody are provided an acceptable standard of care regardless of where the children may be. The rights of such children should not be compromised. The executive Team must be given clear, factual information to assist in making informed decisions regarding the children "overstays" at ERCP. There is reason to conclude that the current Division Chief at ERCP wants to be the exclusive filter of information going to the Executive Team. The filtered

information does not provide accurate information about the number of children at ERCP, the conditions under which they stay at ERCP, or how the children are “Herded Out” from ERCP in order to keep timeframes low.

3. **Some of the teenagers, who come to ERCP for placement, are admitted to Exodus, inappropriately. Admission to Exodus is chosen by staff in order to keep some teens out of ERCP and in order to avoid including them in the ERCP statistics for a mandatory report to the Executive Team.** *A child, who was waiting for placement at ERCP, was admitted into Exodus Urgent Care. After spending 23 hours at Exodus, the child was discharged to the parking lot at Exodus, and then re-admitted to Exodus from the parking lot of the same facility. Is discharging a child from a locked, health care facility to a parking lot an acceptable procedure?*
4. **The ERCP Division Chief denies that children sleep in car seats at ERCP. Her contention is that: “We have cribs.”** The reality is that numerous children, infants and toddlers, spend the night at ERCP sleeping in car seats. How can the Executive Team develop an effective corrective action plan to address the problems of the “Overstays” those closest to the action deny that the problem exists?
5. **ERCP Children have been given used clothing to take with them to foster homes. That such is considered an acceptable practice concerns me.** The used-clothing was donated by friends and family of ERCP staff. ERCP is not the Borax Thrift Store. Our children deserve better.
6. **The ERCP Division Chief considers sending children to foster homes with a gift of donated, used clothing a good and acceptable plan.** As the Division Chief report it, “I personally saw those clothes and even helped fold them and put them away, they were in great condition and the children were excited picking out sweaters, new jackets etc. “
7. **Children who spend the night at ERCP are rushed out in the cold on mornings, at the direction of the Division Chief, without adequate preparation, grooming, nutrition, and transition.**
8. **Some young children, who remain at ERCP waiting for placement, are -identified incorrectly or remain unidentified for long hours.** There is no plan in place to prevent the mis-identification of infants and toddlers who are waiting at ERCP. On more than one occasion, the wrong child was removed from the children’s room for a placement in a foster home.

9. During the weekend of May 14, 2011, a child, who was less than one year old, was at ERCP for a long time. None of the, staff who was supervising the child, or the staff, who was preparing to take the child to a foster home, knew the child's origin or identity. For several hours, no one, who was working with the child at ERCP, knew who the child was or who brought the child to ERCP. The child was eight months old. The staff learned these essential bits of information about 13 hours after the child arrived at ERCP.

I have personal knowledge of, and have made personal observation of, your interactions with staff, your management style, and problem solving interventions. It is my belief that you are extremely knowledgeable, and have demonstrated a deep passion for the children and families with whom we work. When deficiencies were brought to your attention, you intervened and took immediate, corrective action.

Some of the problems identified are over eight years old. Most of the problems require someone having the ultimate authority and will to correct them. It is my belief that if you had, or were given that authority, many of the problems would be corrected in a reasonably short period of time.

While working as a CSW, I had one of the most difficult teenage clients in the DCFS caseload. With the help of a skillful supervisor, I was able to manage this client effectively. Many years later, I was at a store. A young lady approached me; calling me by my name, she said "You don't remember me, do you?" As we pause, I called her by her first and last name. As we greeted each other she said "I have turned around my life. I am married and things are going very well."

On a daily basis, ERCP staff encounters children who present similar challenges to those of the young lady cited above. If we serve them well, a similar outcome is possible.

The involvement in Child Protective Services presents many challenges, but, regardless of job classification, it should always be about the children. It should **not** be about self-aggrandizement, or about developing "Talking Points" or creating pathways to another promotional opportunity. Our children cannot wait. They need our support and advocacy.

When Stephen Long was Division Chief at ERCP, some of the problems, associated with children coming to ERCP and spending the night, etc. were present. What was fundamentally different is that the problems were managed more constructively and effectively. ERCP staff felt supported and valued. Such is not the case today.

In every classification at ERCP, the staff appears to be unmotivated, stressed, and disenfranchised. Such feelings of personal and systemic dysfunction directly impact the quality of service that is delivered to children. The only motivation and enthusiasm present appear to be associated with fund raising events that involve selling: raffle tickets, breakfast burritos, nachos & cheese, hotdogs etc. The primary focus of such fundraising activities is to have the **“ERCP Christmas Party of the Century!”**

Dilia’s Story (Treatment or mistreatment?)

On Tuesday, May 24, 2011 a 15-year old child named Dilia and her 7-month old son, Erick, arrived at ERCP at 8:00 P.M. They were brought to the ERCP Office by a CSW from the regional office. Dilia spent the night at ERCP sleeping on a couch. Erick spent the night at ERCP sleeping in a stroller.

On Wednesday Morning, May 25, 2011, Dilia woke up about 9:00 A.M. and immediately began to attend to the needs of her child. She was in the process of changing Erick’s diapers and clothes when Evelyn Batiste-Bryant, from the ERCP administrative staff, came by the children’s room and observed that there were two children, from the previous night, who were still in the children’s room.

The ERCP administrator, Evelyn Batiste-Bryant, superimposed administrative authority over the group supervisors and insisted that Dilia and her son be taken to the regional office forthwith.

At 9:30 A.M., Dilia and Erick were rushed from the ERCP children’s room to the regional office at Metro North. Dilia was not given time to groom herself. Neither Dalia nor Erick was fed a meal before departing from ERCP.

Later, I spoke to Dalia. She disclosed that upon arriving at ERCP, around 8:00 P.M Tuesday night, May 24, 2011, she was fed a snack pack (a lunchable) which consisted of 128 grams of food; She had water and cookies.

After spending 13.5 hours at ERCP, Dilia was rushed off to the regional CSW (who was not at the office at the time) without given time to freshen/groom herself, or without eating a breakfast meal. Neither Dilia nor Erick was fed before leaving ERCP because the ERCP staff was ordered, by Evelyn Batiste-Bryant, to get them out from ERCP immediately. The staff was not given the time needed to attend to the basic and routine needs of the teenage mother and her 7 month old son.

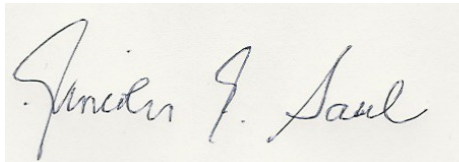
Upon my intervention that day, after Dilia had already left ERCP, Dilia got a meal of her choice, at 11:30 A.M. Wednesday, May 25, 2011.

DCFS/ERCP staff may be considered very highly paid public servants. As employees, we are given respective pension benefits. As public servants, assigned to DCFS/ERCP, we are charged with the care of vulnerable children throughout the County of Los Angeles. Consequently, the public expects us to perform the task for which we are duly compensated.

With Jennifer Lopez heading the administrative staff at ERCP, most administrators have become obsessed with keeping children out of ERCP and/or getting the children out of ERCP at any cost. In some cases the treatment that these children receive comes very close to the child abuse form which they are escaping. We are all mandated reporters of abuse/neglect. I am requesting immediate investigation, assessment and intervention to this crisis..

Inasmuch as, in your position of Deputy Director, you do not have the authority about which I speak, I strongly urge you to forward my concerns to those who have the authority, and resources to address the problems I have cited. Thank you!

Our Kidz Can't Wait!

A handwritten signature in cursive script, reading "Lincoln L. Saul". The signature is written in dark ink on a light-colored, slightly textured background.

Lincoln L. Saul, MS, MSW, LCSW
A Concerned Constituent of
The County of Los Angeles

“OUR KIDZ CAN’T WAIT

The words contained in the caption above are found in a poster hanging in the office of the Division Chief of the Torrance DCFS Office. The poster reflects the sentiments of many dedicated DCFS/ERCP staff. Our Kids cannot wait indefinitely.

Many children are housed at the Emergency Response Command Post (ERCP). There are many problems associated with housing children at the office of the Emergency Command Post (ERCP). The problems should be given immediate attention and corrective action. The primary problems are related to housing children at an office for so many hours, the treatment of the children while housed at ERCP for so many hours, and the attitude that is displayed toward the children who are housed at ERCP and the attitude that some display toward the ERCP staff who work with the children.

If the matter is investigated and assessed thoroughly, (I make such a recommendation) it would be easy to conclude that:

PROBLEM STATEMENTS

1. DCFS needs a Crisis Stabilization Shelter because of the number and frequency of children that come to the Emergency Response Command Post (ERCP) *to wait* for placement. A number of infants, toddlers, and young children are brought to ERCP, frequency from regional DCFS offices. They *spend* long hours at regional offices during the day before coming to ERCP at night. After spending the night at ERCP, they return to their respective regional offices the following day, to continue waiting for placements.
2. The number of children who spend the night, at ERCP, sleeping on couches, mattresses with/without covers and/or blankets suggests a need for improved waiting conditions and beds..
3. The number of infants, toddlers, and young children who spend long hours at ERCP waiting for placement, and the number and frequency of infants and toddlers who spend the night, sleeping in car seats at ERCP, underscores the need for a shelter facility that is equipped to meet the needs of infants and toddlers, who are taken into temporary custody by DCFS.
4. The above factors illustrate the critical shortage of placement slots for this population of children, and further support the need for a DCFS, age-appropriate

Crisis Stabilization Shelter and/or the development of placement resources for this population of children.

THE TYPE OF SHELTER NEEDED

- (1) An appropriate emergency shelter, designed for crisis care and/or short-term residency, not to exceed 30 days;
- (2). A shelter facility that gives easy access to emergency shelter care and provides for children who are taken into temporary custody;
- (3) A facility that is equipped for children who arrive with special problems, needs, or challenges;
- (4) A shelter that is staffed with, or has direct access to, psychiatric consultants and public health nurses, who are on site, (as opposed to being on call after working all day).;
- (5) A shelter facility, and/or an allotment of shelter care beds, for children who are in the temporary custody of DCFS.
- (6) A shelter facility with emergency supplies of all types, food/food vouchers (for a variety of nutritious meals, rather than Mc Donald Vouchers only), blankets, sheets, pillows, personal hygiene items, and the like;
- (7) A shelter facility that is equipped with an appropriate staffing ratio for infants, toddlers, young children, and teenagers.

HISTORY AND CAUSATION

Maclaren Children Center (MCC) was closed in March 2003. After eight years, no effective contingency plan has been developed to address the needs of the emergency population that MCC served. *Because of its twenty-four (24) hour operation*, ERCP, became, and continues to be, the default office *for* children, who are taken into temporary custody by Law Enforcement, and CSWs, while a search for a placement is occurring. Many children spend the night sleeping at ERCP. Many children, after spending the night, at ERCP, are taken back to regional offices to continue a search for a foster placement. Many return from regional offices, to ERCP, to spend consecutive nights at ERCP.

Many of the children, who spend long hours at ERCP, are children who are newly detained. Many children are very young and have no behavioral or medical problems.

The Language of “Overstays”

By definition, the children who are brought to ERCP while staff is waiting for a placement, or who end up spending the night at ERCP are referred to as “Overstays”. , “Overstays” are operationally defined in different ways:

- o **For the Purpose of a Report to the DCFS Director and Executive Team:**

An ‘overstay’ *was defined* as a child who spent time waiting at ERCP for four or more consecutive hours before a placement was located. The four hour time frame triggered a mandatory report to the DCFS Director and Executive Team.

- o **For the Board of Supervisors (BOS):**

An ‘overstay’ is defined as a child waiting at ERCP for a duration of 24 or more consecutive hours. Obviously, the fewer the reports to the BOS, the easier it is for the BOS to conclude that the “Overstay” situation at ERCP is getting better.

- o **For Jennifer Lopez, ERCP Regional Administrator:**

An overstay, for purpose of reporting to the Director’s Team, *and is now defined as a child who has spent EIGHT hours at ERCP awaiting placement..This change in definition results in fewer reports to the Executive Team.* The fewer reports to the executive team, the easier it is for the director’s team to conclude that the overstay situation has improved significantly.

This one **tactical** procedure by the ERCP Regional Administrator creates the illusion of improvement. The reality is, the situation is getting worse every day, because of the following:

- (1) The number of children coming to ERCP pending placement has increased,
- (2) The number and frequency of children sleeping at ERCP has increased
- (3) The number of very young children that remain all night at ERCP sleeping in car seats has increased

- (4) The conditions under which the children are housed and maintained while at ERCP has gotten worse.

Senior Administration Method of Handling “Overstays”

Assuming 31 children arrive at ERCP, 50 % of them spend an average of 7.75 hours at ERCP, with inadequate supervision and supplies. One child spent a full 8 hours at ERCP. According to directions from Charlene Robinson, Assistant Regional Administrator and ERCP Division Chief Jennifer Lopez, “We should only be reporting on the on children who are at ERCP beyond 8 hours. Please ensure that you comply with this on all future notifications” (email from Charlene Robinson, may 18, 2011)

It would seem reasonable to believe that the Executive team would be interested in learning about the number of children who slept at ERCP on any given night, and impact the meager resources at ERCP. Such information should be provided very close in time to when that activity occurs.. Staff should not have to review and filter the data

WHAT DOES THE DATA SAY?

A Summary of the History of “Overstays” is Shown Below:

- a. In a 13 month period June 2003 through July 2004, ERCP had a total of 163 “overstays.” This was an average of more than 13 children per month. Ninety five of the 163 children (58%) spent four to eight hours at ERCP. Forty three of the children (26%) spent eight to 12 hours; fifteen of the children (9%) spent between 13 to 15 hours; and ten of the children (6%) spent 15 or more hours at the ERCP office awaiting a foster placement.
- b. During the period October 2005 through October 2006, there was a total of 734 overstays at ERCP or an average of 61 children per month.
- c. In December 2010 there were 254 children/overstays at ERCP office, February 2011 there were 277 children/overstays at ERCP office, and March over 350 children/overstays at the ERCP office. To listen to the division chief at ERCP, “The “overstays are getting fewer. We are doing better!” ***In all honesty, the system is getting more creative at changing the definition of what constitutes an “overstay BUT that does NOT REDUCE the number of THE ‘OVERSTAYS’ AT ERCP neither does it improve the quality of service to our children..***

Reflecting on the Past:

On or about May 17, 2005, the DCFS director, at the time, Dr. Sanders, told the Los Angeles County Board of Supervisors, BOS, *“The population at the Command Post is generally a population of youth that has been discharged prematurely, kicked out, in other words, of foster homes and group homes...”* The entire transcript is available, in context, in the BOS minutes date May 17, 2005. Following Dr. Sander’s discourse, the chair of the BOS, at the time, said, *“All Right. Well, I look forward to the extensive report, but it just seems that something, there's just not management of these overstays, and it's getting to be a little bit of a problem for us. A little bit, quite a problem for us...”* Dr. Sanders was correct about the population of youth at the time. Supervisor Molino was also correct in making the preceding statements.

The current situation, as of May 2011, is much more serious, problematic, and stressful for ERCP staff than when this matter was discussed on May 17, 2005.

CURRENT CONDITIONS

In order to address the “management of overstays” DCFS transferred an ARA, from a daytime management slot where that ARA services were needed, to work the graveyard shift. This has not helped to reduce the number, or duration, of overstays at ERCP. .

Currently, ERCP staff deals with more overstays in a month than for the full 12 months in 2005. The problem of “overstays” was never due to the lack of a manager for the graveyard shift. The majority of “Overstays” come to ERCP, and remains at ERCP throughout the swing shift. Managers have always been scheduled on swing shift.

The ERCP supervisors have always been, and currently are, very diligent in executing their charge. The ERCP supervisors do quite well managing the overstays when resources are available. The problem has always been, and currently is, the lack of appropriate placement resources.

In a DCFS Newsletter, dated Summer 2003, in an article entitled “Now that Maclaren Has Closed – What’s Next?” The Chief Deputy Director, at the time said, *“We have to develop more resources in the community, more Reception Centers and make sure that placements are well-matched with the kids’ needs....But what this experience has also shown us is that we can find appropriate and stable placements for kids in the community.... It is manageable and the resources can be developed.”*

Any management emphasis should be on the aggressive development of resources for the entire department. It appears that ERCP has become an inadequately maintained Motel Six for DCFS kids. I wish we could develop a Ritz, but would settle for a Marriott.

The data in 2005 showed that the group of children presenting the greatest challenge was the group to which the Director Sanders referred: Those prematurely kicked out of foster homes and group homes, and chronic run away teenagers, where females, between the ages of 13 and 18 years of age, represent (68%) of this population of children.

Today, a new *hard-to-place* population has emerged: infants, toddlers, pre-school and young school-aged children. Most of these children have no medical or behavioral problems. This population of children is frequent at ERCP and spends significant time before placements can be located. Some are brought from regional offices and are returned to regional offices the following day. Children as young as two days old, three days old, three weeks old, or three months old. To illustrate this point, three situations are presented below:

1. **Text of an Email Addressing a Relevant Problem**

The minors M_____ 10/6/2005, J_____ 7/16/2010 and J_____ 7/16/2010 were transported to ERCP on October 8, 2010 @ 8:15pm by the regional CSW. The minors were detained from mother on 10/7/10 and at that time the minors were transported to ERCP for placement. ERCP was unsuccessful in finding a permanent placement for the minors on October 7, 2010 and they were temporarily placed in a shelter home for the night. The shelter foster mother was going out of town and could only care for the minors for the night. The region CSW attempted to find placements with region Technical Assistants (TA's), but failed to find placements. The minors were then transported to ERCP for the second night on October 8, 2010 for assistance with placement. The region TA's made contact with 37 foster homes and Foster Family Agencies (FFA's) (There were no foster homes available.

Resource Utilization Management (Rum) was contacted early by this ERCP SCSW in hopes of finding placements for children being transported to ERCP by region CSW's. Rum emailed SCSW a list of vacancies as of 10/8/10 from the Out of Home Care office. The agencies with the most foster homes (75) did not answer their telephone as of 6:15pm. When ERCP TA Supervisor made contact with them, they had no vacancies.

*The minors are healthy and happy children with no medical conditions. Unfortunately, as of 3:00 a.m, ERCP has been unsuccessful in finding foster homes for these minors. **The real concern is we have a set of 2 month old twins that are sleeping in car seats in an air conditioned office building.** ERCP does not have the adequate amount of cribs, beds or space to accommodate the large amount of children requiring placement after hours.*

As of 3:00 a.m, the minors have been at ERCP for over 8 hours. Between the TA's and TA Supervisor at ERCP a combination of 50 Foster homes and FFA's were called.

2. **Two Young Children, Ages 2 Weeks & 10 Months**

These children, were brought to ERCP, from regional offices in the early evening on a Wednesday in March. The regional office staff had not found placement for the children during the daytime. When I ended my workday, the children were at ERCP waiting for placement. On my return to work the following morning, the same children, among others, were still at ERCP waiting for placement. The children, after sleeping at ERCP, in car seats, were returned to the regional offices to continue the search for a home.

3. **Two Children ages 11 Months**

On Thursday, March 3, 2011, two children, ages 11 months, were brought to ERCP, under conditions similar to those in the preceding example. The children spent 9.5 hours at ERCP and were placed in a foster home in the City of Palmdale. The children had an asthmatic condition. On Monday, March 7, 2011 the same two children came back to ERCP, brought from the regional office. The children spent 11.5 hours at ERCP before they were transported back to the regional office to wait for placement. Reportedly, the two children were in the regional office until close of business day, March 8, 5:50 P.M.

Several supervisors, at ERCP, have highlighted these concerns with the executive team. I can cite several emails, from some who have been very vocal on the issue. I have quoted from one, because it is my belief that you do not need a lengthy paper trail to be convinced that the problem is getting worse for our children.

If the "Talking Points" coming from the ERCP Division Chief, or from any other source, say that we are doing better with the "overstays, take a look at the data. The situation is not getting better. **It is getting worse, and children are the victims who are suffering as a result.**

CONTRIBUTORY FACTOR

Taking care of young children is costly and labor intensive. Assuming that a foster parent is paid \$500.00 per month to care for an infant, this translates to an average of \$116 per week and 69 cents per hour: ($\$500/30/24$). With that rate of pay, the foster parent is expected to provide 24-hour supervision, take the child for medical visits, and supply the child with food, clothing, and shelter. Food and clothing for young children are very expensive items. Many foster parents provide care for infants, toddlers, and young children out of the love of their hearts, AND NOT FOR THE LOVE OF MONEY. Love alone cannot buy diapers, formula, clothing, and compensate for adequate care and supervision.

PART TWO

THERE IS A CRITICAL AND URGENT NEED TO IMPROVE CONDITIONS FOR CHILDREN WHILE THEY ARE WAITING AT ERCP FOR PLACEMENT

Rushing Children to Regional Offices

Children, who have open cases in regional offices, are rushed off, from ERCP, in the early morning cold to continue their wait at regional offices. The ERCP Division Chief, Jennifer Lopez, has mandated that the children depart from ERCP to be at their respective regional offices when the office opens, between 7 – 7:30 A.M. Unfortunately, many of the children, who came in to ERCP at various hours of the night or early morning, are still fast asleep. The mandate to get the children out gives way to flexibility, discretion, and to the individual needs of the child. This creates conflict between staff who tend to be humanitarian and those who tend to function in robotic fashion.

ERCP needs to change the emphasis and mentality from “Get them out at any cost” to ensuring that, appropriate transitions are made to regional offices. The “Keep them out of ERCP and Get them out at any cost” mentality is an emphasis that began since the arrival of Division Chief Jennifer Lopez. Children are awakened without regard to the length of time they have rested. Those going to regional offices, are rushed to their regional location and some remain at the regional offices all day long. Some even return to ERCP for a second or third consecutive night. Why not let the children rest a little longer, some contend.

This is the same emphasis of keeping children out of the ERCP office that resulted in children sleeping on the floor at police stations. Staff was forced to drive around the city while waiting for a placement, instead of bringing them to the ERCP Office. Some staff was asked to keep children in the parking lot of the ERCP building rather than bring them up to the office;

Children and staff hung out at McDonalds or transported to a facility called “Rest Assured” where the children were put to sleep again for another short while, and finally brought back to ERCP, by approximately 6:00 A.M. This maneuver was done to break up the continuous hours at ERCP. It was a procedure put in place in order to avoid reporting the accurate numbers of children waiting for placement at ERCP. **Significantly, the current Division Chief was head of ERCP at that time.**

A FEW EXAMPLES

Example #1: A 14 year old child being awoken by a staff.

“Hey, get up. It is time to go...” The young lady responded, “I am tired. Can you give me 10 more minutes?” The response was, “Okay! Ten minutes.” An SCSW overhearing this exchange ask “What is the child’s name? What time did she come to ERCP? The response was “**I don’t know.**” The exchange was consistent with, and defended on the basis of the perception that the message handed down from the current Division Chief at ERCP is “Get the children out. Get the overstay, out. Regional offices open at 7:00 A.M. The children should be at the regional office when the CSW arrives.”

It might be significant to know that the child in this example had arrived at ERCP around 4:00 A.M. She was being aroused before 7:00 A.M to begin her day, with hardly any rest, grooming and without breakfast, to go to a DCFS regional office to sit and wait for a placement. The child in this example left ERCP that morning, tired, half asleep, poorly groomed, and without a meal.

Example #2: A 10 Month Old Child

In this “Get them out” modality ABCD, a 10 month old child, was brought to ERCP about 8:30 P.M., the previous night, by a CSW from the regional office. The 10 month old child had spent the entire night at ERCP, in a car seat. The child, ABCD, was dispatched, very early the following morning to meet the 7:00 A.M “get them out” mandate and target time.

The child, ABCD was transported to the Pasadena Office to await the arrival of her CSW. Upon the child’s arrival at the Pasadena DCFS Office, it was discovered that the child should have been transported to the Wateridge Office instead.

An effective, humanitarian, transfer system, from ERCP to regional offices, in which contact was made with a responsible person in the receiving office, prior to leaving ERCP, would have prevented ABCD from going to the incorrect office about 30 miles away.

When staff is confronted about the inappropriateness of such practices, the response “I am just following orders....” The SCSW follows the orders/wishes of the ARA. The ARA follows the orders/wishes of the Division Chief and the robot-type behavior translates into, unintentional insensitivity to the needs of children. Those who push back are perceived as different, trouble makers, and as having “issues”.

Example #3: Shake the Bed If the Child Refuses to Get Up

In this same rush them out atmosphere; someone overheard a staff threatening to shake up the bed, while a teenager was sleeping on the bed in order to arouse a child so the “Get them out” mandate and target time could be achieved..

Example #4: Multiple Children in the Same Bed

There are times when multiple children, from the same family sleep on the same beds some with sheets/blankets, some without sheets/blankets. This happens under over-crowded conditions.

The problem is getting worse. In February 2011, the shortest month of the year we had 277 children waiting for placements at ERCP. It is important that we have a system in place that is equipped for the larger number, not only for the “**reportable**” number. The children who fall short of the mandatory reportable number “8” or “24” significantly impact the operation of everyone and everything. The physical environment at ERCP is not conducive to the care of a large number of children.

LACK OF SUPERVISION

The staffing at ERCP is inadequate to provide the quality of supervision and care which is required to keep the children safe and nurtured while they are in the care of ERCP staff. Older children, some with significant behavioral problems, habits, and psycho-social histories, are housed together with infants, toddlers, and very young children.

Staff-child ratios are frequently deficient. The ERCP management team is extremely conservative about the use of overtime. The Division Chief prefers to stretch staff to provide, what some others would call, unsafe staffing ratios, rather than approve a few hours of overtime. Yet the record shows that staff from regional offices has been allowed to work overtime at ERCP for such sums as \$20,000/yr, \$25,000/yr, \$35,000/yr, in the recent past, with no scrutiny. Some such staff still works overtime at ERCP although ERCP currently has the highest level of staffing in its 25-year history.

There are times when there is not enough staff to supervise the number of children who are at ERCP. An example can be seen in the text of an email sent to ERCP management on March 28, 2011 at approximately 4:32 P.M.

Email Text:

“Currently there are eight children at ERCP requiring Supervision. Of the eight children, five are two years old and younger, as young as 24 days old. Both Rufus and Valerie are needed to assist with the supervision of these children, pending the arrival of more GS staff.

*Would you let me know if these two GS II **do not** have your approval to continue with the care of these children. Rufus is scheduled to be off at 4:30 P.M. Valerie is scheduled to be off at 5:30 P.M. The children are very active and require very close supervision. The children arrived at approximately 3:30 P.M. today.” (End of email text).*

The Division Chief, Jennifer Lopez, denied the request to allow the two GS staff to work overtime, pending the arrival of other staff.

As it turned out, two more teen agers were brought in to the children’s room shortly thereafter making the total 10 (five infants and toddlers and five teenagers).

With only two staff members to supervise the ten children, three toddlers were placed in a **mini playpen (30” X 24” five square feet of space)**; two infants were kept in car seats, which were then placed in the only crib to which ERCP has access. The teenagers sat on the couches in the children’s room. One of the children in the mini play pen was observed climbing out of the playpen while the two staff were busily engaged in other important tasks.

Such occurred because ERCP management wants to reduce the overtime budget, even when there is a legitimate need to provide supervision that may directly impact child safety.

On a frequent basis, children of various ages are housed in the same small room. They sleep in the same room. Multiple children, from the same family, have slept on the same sofa or roll-a-bed. Some teenagers act out in the presence of very young children. As recently as on or about May 1, 2011 an acting-out teenager threatened to slap a staff member. He also threatened to slap a six month old child who was in the room at the time. This same teenaged child walked on furniture, threw objects, and was verbally

abusive to staff. The police had to be called to the children's room. Such behaviors occur in the presence of very young children.

SUPPORTS OFFERED OR TRIED

The Resource Utilization Management (RUM) section has assisted in locating appropriate placement on numerous occasions. Unfortunately, the staff at RUM end their workday around 5: 00 P.M.

ERCP investigates 51% of the immediate referrals that come to the DCFS Child Protection Hotline. ERCP assigns approximately 80% of the referrals received from the hotline between 6:00 P.M. and midnight. The majority of the children coming from regional offices to ERCP, in search of placement, arrive between 6:00 P.M. and midnight.

Consequently, if RUM is a viable resource, for locating placements, RUM is not available to ERCP to the extent of the need. Rum should have staff on duty, at ERCP, during the time ERCP is actively looking for placements.

SUPPORT FROM THE USE OF EXODUS URGENT CARE AS A RESOURCE

Exodus is a 6-bed Urgent Care Health and Mental health facility. The facility is locked. The facility admits children and adults who need urgent psychiatric care. The adolescent section has a capacity for six children ages 13 years and above. Admissions must be **voluntary** and must be for a period less than 24 hours continuously. The gate keeper, for DCFS children to enter the Exodus facility, is Adrienne Olson, psychotherapist, licensed by the Board of Behavioral Sciences. Adrienne is also a DCFS manager.

In a recent meeting, conducted on or about, April 20th, 2011, the gate keeping manager of Exodus, informed ERCP SCSWs and managers that Exodus is not a shelter. It is an Urgent care facility. Adrienne Olson, LCSW, emphasized that children must agree to be admitted to Exodus. By inference, the children admitted to Exodus must agree to remain at Exodus. However, ERCP continues to use Exodus as if it were a shelter. I know of no plan to remove a child from Exodus is her/she expresses a desire not to stay at Exodus. I know of children who did not want to stay at Exodus but remained for the duration of maximum allowable time.

Examples Involving the Use of Exodus:

- A. On or about March 13, 2011, Adrienne Olson, in addressing a situation involving a DCFS admission to Exodus wrote "As to L----, he will be **discharged** to the **"parking lot"** and readmitted to Exodus for tonight, rather than return to ERCP, an inappropriate setting for him...."
- B. Three weeks later the same child "L----, came to ERCP. He told me that he had run away enroute to Exodus, this time around, because he did not want to ever go to Exodus again.
- C. Recently, it was drawn to my attention that some children are coerced, threatened, and directed to Exodus in order to avoid keeping the child at ERCP, thus generating a mandatory report of a child at ERCP for 8 hours or more.
- D. On April 29th, 2011, a child who was brought to ERCP, was subsequently taken to Exodus. After spending the maximum time at Exodus, (approximately 23 hours) the child was discharged back to ERCP. The staff at ERCP was instructed/ordered to release the child to a relative, informally. Reportedly, no background check or residence assessment was completed on the family member. ERCP staff was further instructed to pick up the child on Sunday (night) return the child to ERCP and deliver the child to the regional office on Monday morning.
- E. On a weekend day in May 2011, a teenager was removed from a foster home because the biological mother allegedly assaulted the foster parent. The child was brought to ERCP and later admitted to Exodus. The child later said that Exodus was not a place for her. According to the child, "Exodus is a place for people with psychiatric problems." **The** child said that during her stay at Exodus, she observed a patient screaming, being put in restraints, and being injected with medication. "I was scared," The child said to me.
- F. During the period of May 12-17, 2011, two teenagers were taken back and forth from regional office, to ERCP, to Exodus, back to ERCP, and back to regional office.

Child #! spent the night of Friday, May 13, 2011 at ERCP. On Saturday afternoon, the child was admitted to Exodus where she spent approximately 23 hours. The child returned to ERCP on Sunday afternoon and remained at ERCP until 7:30 A.M. on Monday, May 16, 2011 at which time the child was taken to the regional DCFS Office. No placement was located while at the regional office.

The child spent Monday at the Lakewood office waiting for placement. She returned to ERCP at 7:30 P.M. 5-16-11. and departed for the Lakewood office at 8:30 A.M, Tuesday, May 17, 2011. This child returned to ERCP on Tuesday night, spent the night at ERCP, and was subsequently transported back to the regional office on the morning of May 18, 2011.

Child #2 had a similar schedule. Child two was brought to ERCP on Thursday night, May 12, 2011. This child, after spending the night at ERCP on Thursday, was taken back to the regional office on Friday. The child spent the day at the regional office and returned to ERCP on Friday night. After spending Friday night at ERCP, the child was admitted to Exodus on the afternoon of Saturday, May 14, 2011.

Having spent approximately 23 hours at Exodus, child two was discharged back to ERCP, on Sunday afternoon, where she spent the remainder of her time until Monday morning when she was transported to the regional office.

Both Child #1 and Child #2 questioned the appropriateness of their admission to Exodus and remaining there for the duration of time. They both said that Exodus is for persons with psychiatric problems. They both said that they did not belong in that facility.

The ERCP staff who supervised Child #1 & #2 reported that both children were very compliant while at ERCP and did not present a child management problem. It appears that the two children were sent to Exodus for shelter care rather than for psychiatric stabilization. This is the third teenager in a week that disclosed the Experience at Exodus was not appropriate for them.

It is recommended that the appropriateness of the use of Exodus, for children who wait for placement at ERCP, be addressed. It appears that Exodus is being used as a shelter care facility for ERCP kids.

As recently as the weekend, of April 30, 2011, the Division Chief reportedly informed staff that when a child approaches the six hour mark at ERCP, admission to Exodus should be explored.

Summary Statements

Moving children from one facility to the next to interrupt the continuous cycle cannot be considered as a good case management plan.

Discharging a child from a facility to the parking lot of the facility (in order to break the continuity) and re-admitting that child to the facility cannot be considered an effective discharge or case management plan

Housing many children in a small children's room, 392 square feet, with varying age groups, for extended periods of time, cannot be perceived an effective and safe shelter care or waiting situation

Having infants and toddlers sleeping/resting in car seats for an entire night and returning to regional offices at the beginning of the succeeding day, is heart-breaking and cannot be considered service in the best interest of children

Rushing children from the ERCP Office without giving consideration to the adequate rest time, grooming, or attending to their humanitarian needs, because the "Management" says "Get them out" is not serving the best interest of children.

ERCP staff needs identification wrist bands to assist in identifying the children who come for placements; The weekend of May 14, 2011, an 8 month old child was at ERCP for 13 hours and the staff on duty had no information as to the origin or needs of the child.

DCFS needs the following:

1. Age appropriate small short term shelters – perhaps one shelter in each supervisorial district might be a consideration
2. Shelter care beds for all age groups, but especially for infants, toddler and young children
3. RUM staff available during ERCP hours to assist with beds
4. At least two public health nurses at ERCP during prime operating hours
5. Access to psychiatric consultation during ERCP hours
6. Incentives to foster parents to take infants and toddlers at a competitive rate of compensation

SUMMARY

The need for resources can be documented by the following:

1. Children are allegedly coerced/threatened to accept placement at Exodus, an Urgent Care Health/Mental health locked facility. Once children are admitted to Exodus, they are kept for at least 23 hours before discharged. There is no provision in place to remove a child from Exodus if he/she doesn't want to remain at the facility.
2. At least on child, a 15 year old African American male, whose time at the Exodus facility was approaching the 24-hour timeframe, was discharged to the parking lot of said facility, and readmitted shortly thereafter. This was done to restart the admission clock.
3. The number of children, who currently come to ERCP ranges from 250 to 350 per month. When the problem first surfaced, there was a total of 163 children for fourteen months, an average of 12 per month. During the period October 2005 through October 2006, there was a total of 734 overstay at ERCP. This was an average of **61** children per month.
4. There is a significant increase in the number of very young children who spend long hours at regional offices, and at the ERCP Office because the placement resources are not available.
5. Some children as young as 2 days, 3 days, 3 weeks, one month, three months, six months, 10 months, and various ages under the age of 2 years of age, spend the entire night at ERCP waiting for placements. The majority sleep in their car seats. **ERCP has one crib and one small play pen.**
6. Some of the young children are returned to regional offices the following morning because ERCP does not have the resources to place them in foster care.

The apparent intent to keep information from the Executive Team:

1. The Division Chief at ERCP, Jennifer Lopez, does not want the true picture of children at ERCP to be known by the DCFS Executive Team. She has advised that ERCP staff keep the problems "In house" as opposed to sharing pertinent information with the DCFS Executive Team.

2. Recently, the writer of this report was counseled, by ERCP Division Chief, Jennifer Lopez and Assistant Regional Administrator Charlene Robinson because this writer provided information to the executive team regarding children who spent less than the 8 hours at ERCP. The mandatory reporting threshold is eight (8) hours. During the session, the Division Chief said “You are the only one who shares such information with the executive team in your mandatory updates. Why?” Both administrators, admonished that the protocol be followed and that reports include only children who were at ERCP 8 hours or longer.
3. The Division Chief has stated that the Executive Team has a big job to perform and should be protected from non-mandatory reports/information.
4. In that same meeting, the Division Chief, Jennifer Lopez, said that the Executive Team has a big organization to run and the DCFS Executive Administrators should not be bothered with information that is not mandatory. In that same meeting, Jennifer Lopez stated that the Executive Team does not need to deal with everybody sending information about the children at ERCP.
5. In an email, dated May 18, 2011, in addressing reports to the DCFS Executive Team regarding children spending the night at ERCP, Charlene Robinson, ARA wrote *“We should only be reporting on youth who are at ERCP beyond eight (8) hours. Please insure that you comply with this on all future notifications.”* Jennifer Lopez responded by saying “That is correct.” This means that it is not acceptable to inform the Executive Team of the large number of children who may spend the night at ERCP, impacting resources, showing over-crowdedness, and highlighting those spending consecutive nights at ERCP, unless the children are at ERCP for eight hours or more. As stated previously, the Executive Team has a big organization to run, and shouldn't be bothered.
6. As stated before, per the Division Chief, Jennifer Lopez, the Executive Team has a big organization to run and does not want to be bothered with such information. My interpretation: The Executive Team has better things to do than to worry about the children who come to ERCP to sleep. The Executive Team should not be told, in email format, about the children who spend long hours, or consecutive nights, at ERCP waiting for DCFS/ERCP staff to find placements for them, unless the time exceeds eight (8) hours.
7. In at least one situation, an ERCP staff member, who provided a mandatory 8 hour report to the executive team was asked, reportedly, by the Division Chief “Could you have done something not to have had to report these children to the

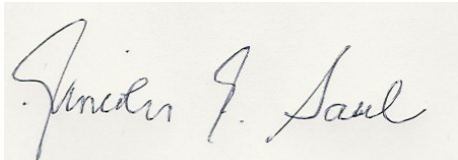
executive team?" The mandatory report showed children at ERCP just past the 8 hour time limit.

Finally, it appears that some in positions of responsibility are becoming so defensive of the conditions surrounding children waiting for placement at ERCP, that we loose the ability to engage in effective problem solving. Further, there is an increasing lack of support for the staff, at ERCP, who works closely with the children. Some children are brought to the office obviously sick, some with lice, scabies, wring worms, chicken pox, respiratory problems, other communicable diseases, and some with developmental disorders.

Some managers scream at, and threaten staff as if, the staff is the contributing factor to the children being brought to ERCP, or if the ERCP staff is responsible for children spending long hours at ERCP, and/or sleeping at ERCP.

I know that we have a problem. I have made several attempts to address the problem associated with children at ERCP and the quality of care they receive while at ERCP. The problem is getting worse. That is why I am drawing this to your attention so that the problem could be addressed effectively and immediately.

Lincoln L. Saul, MS, MSW, LCSW

A handwritten signature in blue ink that reads "Lincoln L. Saul". The signature is written in a cursive, flowing style.

A Concerned Constituent of
The County of Los Angeles
Supervisory District #

PART THREE ATTACHMENTS

1. Letter to DCFS Director February 2005
2. Supervisor Molina's Board Motion regarding overstays at ERCP
3. Text from Board Meeting May 17, 2005
4. Some Relevant Emails

MEMORANDUM

February 23, 2005

To: Dr. David Sanders, Director DCFS
Anita Shannon, Special Assistant to the Director
Russ Carr, Deputy Director Service Bureau 2
Germaine Key, Regional Administrator, ERCP
Diane Weissburg, Assistant Regional Administrator, ERCP
Faye Mitchell, Assistant Regional Administrator, ERCP
Asaye Tsegga, Assistant Regional Administrator, ERCP

From: Lincoln L. Saul, LCSW, Supervising Children Social Worker

Subject: **Children Awaiting Placement at ERCP**

Problem Statement

There currently exist a problem where children spend excessive hours at ERCP, awaiting placement, without adequate provisions made for their supervision, rest, and nutrition. Administrators, SCSWs, CSWs, and GS Staff at ERCP can, if they so choose, attest to the accuracy of the statements contained in this document.

While the official reason emphasized for having the children at ERCP is that ***"The children are not sleeping at ERCP. They are awaiting placement"*** the fact is that children are sleeping at ERCP on a regular basis and their health and safety may be compromised. Further, at least on one occasion, a child has slept over at the Paramount Center for alleged strategic reasons. On other occasions, I have been told, children are strategically taken from the building as a means of modifying start times and the overall length of time waiting at ERCP. I have personally observed a "Beat the

Clock” mode of operation. An accelerated pace to get the children from ERCP to regional offices without making sure the children are fed and/or without making a smooth transition between ERCP and regional staff.

This issue is being lifted out of a larger document addressing ERCP issues. It is being brought to your attention because it is believed that you may not be fully aware of the true state of affairs involving children who spend the night, weekends, and holidays, at ERCP *“awaiting placement.”*

The 4-hour reports do not adequately address the true state of affairs. Such reports do not address the actual number, and ages, of children at ERCP at any given time regardless of length of stay. Consequently, significant information is not reflected in the reports provided by the 4-hour logs.

During the weekend of February 18-22, 2005, the 4-hour log will not show that there were approximately 37 children who came to ERCP awaiting placement. The logs will show only those who remained for at least four consecutive hours without leaving the building for any reason i.e. going to McDonalds and returning back to ERCP continuing to wait for placement.

On frequent occasions, as recently as the weekend of February 18-22, there were children awaiting placement without having adequate supervision, food, or place to rest. ERCP has four beds, two sofas, and one crib. Given the dimensions of the children’s room, when all four beds are in the sleep position, there is no floor space of significance to attend to the children. If an emergency occurs, the situation would be problematic.

When the beds are all occupied, children overflow to the ERCP conference room, and have been observed sitting in a chair resting their heads on the tables in the conference room as an alternative sleeping arrangement

On the morning of Tuesday, February 22, 2005, at approximately 6:15 A.M. I personally observed seven children awaiting placement at ERCP. Five of the children were sleeping on couches and rollaway beds and two were in the conference room sitting in chairs with heads rested on tables.

Another ERCP colleague has reported seeing similar crowded conditions during the 4:00P.M. – 2:30 A.M. on Sunday, February 20-21, 2005.

Some children have been housed at ERCP for more than a week at a time: They come to ERCP from the district office. The children spend the night before returning back to the regional office the following

morning. On the evening of the same day, the child is brought back to ERCP where he/she spends the night.

For some children, this process has continued for a week and sometimes longer.

Meanwhile, no provisions are made for appropriate food and shelter, and for the care and supervision of children of different gender, age, functional level, children with gender identity problems, children who act out and assault, and children picked up off the streets for soliciting prostitution.

Specifically, teenagers with undisciplined emotions are housed in the same small space, for extended periods of time and sleeping hours, awaiting placement. Teenage females take showers while teenage boys with wild imaginations, sit close by. Some teenage females elect to dress/undress in the open area of the room, unless closely supervised. Close supervision is not always available due to the ratios of available staff to children. Young children and teenagers are housed in the same small children's playroom at ERCP on a frequent basis.

Shortage of Food & Money for Food

On our best days, ERCP will have food vouchers from McDonalds and Burger King and snacks in the cupboards and refrigerators. There are also days when children are brought to ERCP for overstay accommodations and there is no food available. ERCP staff provides food, based on the staff's ability to have disposable resources. As recently as this past weekend, February 18-22, 2005, children, awaiting placement at ERCP, were complaining of hunger and there were no provisions for food.

Over-Crowding & Potential Problems Associated with Overcrowding

In examining the area where as many as 20 children, ranging for newborn to 18 yrs. have been housed, all at the same time, it is only a matter of time before some tragic event takes place. Unfortunately, the spotlight will be on the CSW/GS/SCSW staff to determine what could have been done, at a practical level, to prevent the incident.

Description of the Physical Area of the Children's Room

The children's room at ERCP, located on the sixth floor of the Borax Building, consists of approximately 392 square feet of living space. A total of approximately 96 square feet of the total space is designated for the bathroom and shower section. The remaining space contains a full sized crib, two large couches, tables, chairs, refrigerator, cabinets, toys, television & DVD player, and other items to make the room look attractive and child friendly.

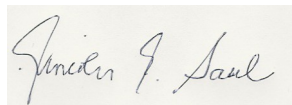
A conference room located on the same floor, a short distance away, has a space of approximately 166 square feet, two tables, some chairs, and is used as storage of children's car seats, rollaway beds, and other items. The measurement of a rollaway bed is six feet long and thirty-nine inches wide.

As a result of a special request made to the custodian on this very date, the conference room was vacuumed and organized. It has been months since this was last given such custodial attention.

Some staff at ERCP has said that some of the conditions to which children are subjected while **awaiting placement** at ERCP are similar to reasons why children are removed from the home of custodial parents, foster homes, and group homes.

The conditions described in this document are known, or should be known by all ERCP managers, SCSWs, GS staff, and some CSWs. The situation is chronic and needs attention. I have personally addressed the issues pertaining to the accommodations of children while awaiting placement at ERCP, in writing, on at least two previous occasions.

Your prompt attention to this matter will be greatly appreciated.

A handwritten signature in cursive script, reading "Jennifer J. Saul", on a light-colored rectangular background.

Supervisor Molina's Board Motion Regarding Overstays at ERCP

MOTION BY SUPERVISOR GLORIA MOLINA May 17, 2005

In June 2003, shortly after the closure of MacLaren Children's Center, the Board of Supervisors learned that children and youth were spending nights at the Department of Children and Family Services' (DCFS) Emergency Response Command Post (ERCP). At that time, the Board directed DCFS to take immediate corrective action.

On May 5, 2005, the California Department of Social Services' (CDSS) Community Care Licensing (CCL) Division cited DCFS for operating an unlicensed facility at its ERCP. It is troublesome that a problem, previously acknowledged by DCFS, has resulted in sanctions by a regulatory agency.

In a report dated May 5, 2005, DCFS acknowledged that a percentage of children and youth continued to stay at ERCP for four or more hours as they awaited placement; and informed the Board of measures in place to address the problem. In the last year, from April 2004 through April 2005, DCFS successfully placed approximately 75% of all children and youth who came to the ERCP within four hours into the most appropriate setting that would meet their needs. However, for the remainder, the complex issue of overstays is due, in part, to the department's practice improvement

measures related to its priority of placing children with their relatives and, most notably, due to systemic challenges related to serving the older and hard-to-place youth who have emotional, behavioral, substance abuse and/or criminal histories.

These youth need a place to receive support as they await placement, however, their long-term placement stability requires implementation of innovative measures, in consultation with CCL, to assure that they are placed in licensed facilities that are best suited to meet their specific needs. For youth ages 15 to 17, this requires the holding of group homes accountable to the terms of their existing performance/outcomes-based contracts. For youth ages 18 to 21, this requires licensed resources to accommodate the placement of adults. Ultimately, the Board needs assurances that any action it approves will address the systemic barriers contributing to "ERCP overstays;" and that such actions be fully implemented and routinely monitored.

I, THEREFORE, MOVE, that the Board of Supervisors directs DCFS to:

- (1) Report to the Board within seven days on immediate steps taken to address "ERCP overstays," including increasing the availability of emergency shelter beds;
- (2) Provide the Board with monthly reports for the next year, which track the numbers of emergency shelter beds and length of time children are spending at ERCP. The report should include the following information: Age of the foster youth, length of stay at the ERCP and other DCFS offices, placement history (e.g. relative care, foster home, group home), and reason for discharge.
- (3) Report to the Board within 30 days on possible short-term and long-term solutions, which specifically address the placement needs of the more difficult-to-place population of children and youth. AU/jp

Recommendation as submitted by Supervisor Molina: Instruct the Director of Children and Family Services to report back to the Board within seven days on immediate steps taken to address "Emergency Response Command Post (ERCP) overstays," including increasing the availability of emergency shelter beds; provide the Board with monthly reports for the next year, which track the number of emergency shelter beds and length of time children are spending at ERCP, with report to include the age of the foster youth, length of stay at the ERCP and other Department of Children and Family Services' offices, placement history (e.g., relative care, foster home, group home), and

reason for discharge; and report back to the Board within 30 days on possible short-term and long-term solutions, which specifically address the placement needs of the more difficult-to-place population of children and youth. (05-1352)

Text Taken from Board Meeting May 17, 2005

Excerpt from BOS Meeting May 17, 2005 which was attached to the preceding email.

HAVE WE BEEN HERE BEFORE?

SUP. MOLINA, CHAIR: ALL RIGHT. THAT CONCLUDES. THIS IS A REPORT. THERE IS NO ACTION, SO IT'S RECEIVE AND FILE.

NEXT, I'D LIKE TO CALL UP ITEM NUMBER 2 AND ASK DR. SANDERS TO JOIN US. AND WHILE HE'S COMING UP, I'M GOING TO READ IN A MOTION THAT I HAVE. ON JUNE 2003, SHORTLY AFTER THE CLOSURE OF THE-- OH, IT'S ON THE AGENDA SO I DON'T NEED TO READ IT. GOOD. ALL RIGHT. THIS IS, AGAIN, ASKING FOR A REPORT ON THE EMERGENCY ROOM-- EMERGENCY RESPONSE COMMAND POST AS FAR AS OVERSTAYS AND ASKING FOR A RESPONSE BACK. I DON'T KNOW IF YOU HAVE ANYTHING TO ADD TO THIS AS FAR AS CORRECTIVE ACTIONS, DR. SANDERS, BUT WE'D APPRECIATE HEARING IT. WE HAVE A COUPLE OF PEOPLE THAT WISH TO TESTIFY ON THIS ITEM.

DAVID SANDERS: SURE. THERE ARE-- THIS HAS BEEN AN ISSUE THAT, AS A DEPARTMENT, WE HAVE NOTICED AN INCREASE IN THE USE OF THE COMMAND POST. I WANT TO CLARIFY THAT WE USE A FOUR-HOUR LIMIT AS TRACKING FOR OUR OWN PURPOSES AND WE NOTICED AN INCREASE IN THE NUMBER OF YOUTH THAT WERE STAYING AT THE COMMAND POST FOR FOUR HOURS OR MORE. SO WE TOOK A LOOK AT-- VERY COMPREHENSIVE REVIEW, ACTUALLY, OF YOUTH WHO HAD BEEN

IN THE COMMAND POST TO BETTER UNDERSTAND THE ISSUE AND TO NOT IMPLEMENT CHANGES THAT WOULD BE EITHER INEFFECTIVE OR ONLY SHORT-TERM. THERE ARE A COUPLE OF PIECES THAT I WILL INFORM THE BOARD OF TODAY AND THEN GET A MORE COMPREHENSIVE REPORT NEXT WEEK. **ONE IS, AT THIS VERY MOMENT, WE ARE PROVIDING AN ORIENTATION SESSION TO APPROXIMATELY 50 FOSTER HOMES AND WE HAVE A SIMILAR NUMBER TOMORROW WHO ARE-- WHO HAVE VOLUNTEERED AS POTENTIAL SHELTER FOSTER HOMES THAT WOULD BE AVAILABLE TO TAKE YOUTH. WE ANTICIPATE THAT THE ENTIRE PROCESS TO BRING ON ADDITIONAL SHELTER HOMES WOULD BE APPROXIMATELY FOUR WEEKS. WE'RE ALSO CONTINUING TO WORK WITH A NUMBER OF GROUP HOMES TO CREATE SOME POSSIBLE BEDS IN SOME GROUP HOME FACILITIES. THE COMPREHENSIVE REVIEW SUGGESTED THAT THE-- THAT THE POPULATION AT THE COMMAND POSTS ARE GENERALLY A POPULATION OF YOUTH THAT HAVE BEEN DISCHARGED PREMATURELY, KICKED OUT, IN OTHER WORDS, OF FOSTER HOMES AND GROUP HOMES AND OUR GROUP HOME CONTRACT WE BELIEVE PROVIDES US SOME INFORMATION ABOUT THE-- PROVIDES US SOME EXPECTATIONS FOR GROUP HOMES, AND WE ANTICIPATE THAT, BY THE END OF AUGUST, WE WILL HAVE OUR FIRST REPORT ON OVERALL PERFORMANCE OF GROUP HOMES AND WE'LL BE ABLE TO PROVIDE THAT TO THE BOARD. THAT SHOULD HELP US IN THE SELECTION AND HELP US IN REDUCING THE NUMBER OF CHILDREN WHO ARE DISCHARGED PREMATURELY AND ENDING UP IN THE COMMAND POST.**

SUP. MOLINA, CHAIR: ALL RIGHT. WELL, I LOOK FORWARD TO THE EXTENSIVE REPORT BUT IT JUST SEEMS THAT SOMETHING, THERE'S JUST NOT MANAGEMENT OF THESE OVERSTAYS, AND IT'S GETTING TO BE A LITTLE BIT OF A PROBLEM FOR US. A LITTLE BIT. QUITE A PROBLEM FOR US. AND YOU KNOW, WITH THE NEW LICENSING AGREEMENTS, THERE'S GOING TO BE MORE OF A PROBLEM FOR US IF WE DON'T CORRECT IT AS QUICKLY AS POSSIBLE.

DAVID SANDERS: YEAH. WE ACTUALLY BELIEVE THAT THE-- FROM OUR REVIEW OF THESE YOUTH, THAT THE EXPANSION-- **AND I SHOULD MENTION THAT THE RECRUITMENT OF THESE FOSTER HOMES IS VERY TARGETED FOR THE POPULATION THAT WE'VE IDENTIFIED AND THERE ARE ADDITIONAL SUPPORTS THAT WE'VE IDENTIFIED TO BE PROVIDED, LIKE 24-HOUR NURSING, LIKE ADDITIONAL TRAINING FOR MENTAL HEALTH, ET CETERA, THAT WE THINK WILL ACTUALLY STRENGTHEN THE SHELTER FOSTER HOME PROGRAM AND WE THINK THAT WILL BE A PRIMARY-- A PRIMARY RESPONSE TO THIS.**

SUP. MOLINA, CHAIR: VERY GOOD. ALL RIGHT. WE HAVE ANTHONY BRAVO THAT WOULD LIKE TO ADDRESS THIS ISSUE. WE HAVE DOROTHY LOEHL AS WELL AS BRUCE SALTZER. IF THEY WOULD JOIN US.

ANTHONY BRAVO: YES. GOOD AFTERNOON. MY NAME IS ANTHONY BRAVO, I AM PRESIDENT OF THE LOS ANGELES COUNTY CHAPTER OF S.E.I.U. LOCAL 535. AND I AM HERE TODAY TO SPEAK TO THE RECENT HEADLINE IN THE "L.A. TIMES" WHICH READ, "CHILDREN SLEPT IN THE OFFICE," AND ON THE MOTION BY THE BOARD WHICH ADDRESSES THE

ISSUE OF CHILDREN SLEEPING AT THE BORAX BUILDING BECAUSE A LACK OF OTHER RESOURCES. FIRST OF ALL, THIS PROBLEM SHOULD NOT COME AS SHOCKING NEWS TO ANYONE. IN FACT, MANY OF US SAW THIS COMING WHEN MACLAREN CHILDREN'S CENTER WAS CLOSED WITH NO ALTERNATIVE PLAN TO DEAL WITH THESE VERY DIFFICULT AND HARD-TO-PLACE SEGMENT OF OUR D.C.F. YOUTH POPULATION. AT THAT TIME, WE ASKED THE QUESTION, WHEN FOSTER HOMES REFUSE TO ACCEPT THESE CHILDREN, THEN WHAT? TODAY, WE STILL ASK THAT VERY SAME QUESTION. UNFORTUNATELY, THE ANSWER AT THIS TIME IS, THE BORAX BUILDING. I THINK WE ALL AGREE THAT HAVING CHILDREN AND YOUTH SLEEP IN AN OFFICE BUILDING IS TOTALLY UNACCEPTABLE AND THIS PRACTICE MUST STOP. ANOTHER PORTION OF THIS ARTICLE MADE REFERENCE TO THE PARAMOUNT ASSESSMENT CENTER. WELL, THIS ASSESSMENT CENTER WAS NEVER INTENDED TO HOLD THESE TYPES OF YOUTH. THAT CENTER WAS BASICALLY TO BRING IN CHILDREN THAT WERE NEW TO THE SYSTEM, THAT NEEDED AN ASSESSMENT, THAT NEEDED TO HAVE PROBLEMS IDENTIFIED. THESE CHILDREN-- THIS SEGMENT OF THE YOUTH POPULATION, THEY DON'T NEED AN ASSESSMENT. WE HAVE ASSESSMENTS FOR THEM. WE HAVE DIAGNOSES FOR THEM IN THEIR CASE FILES. THAT'S NOT THE PROBLEM. WHAT IS NEEDED FOR THEM IS A LONG-TERM FOSTER CARE PLAN, SOMEONE TO BE ABLE TO COME FORWARD AND PROVIDE LONG-TERM FOSTER CARE FOR THESE CHILDREN. MANY OF THESE CHILDREN HAVE SPECIALIZED NEEDS WHICH, AT THIS TIME, NO ONE IS WILLING TO STEP FORWARD AND PROVIDE. WE DO HAVE A SERIES OF GROUP HOMES, WHICH ARE LEVEL 14 AND LEVEL 12 IN PLACE AND THESE HOMES ARE SUPPOSED TO BE IN PLACE IN THE BUSINESS OF PROVIDING SERVICES

TO THIS EXACT POPULATION. UNFORTUNATELY, THEY HAVE NOT. FOR THE KIND OF MONEY THAT THEY GET, WHICH IS CLOSE TO \$10,000 PER CHILD, THEY SHOULD BE ABLE-- AVAILABLE ON A 24-HOUR BASIS TO RECEIVE THESE YOUTH AND PROVIDE THEM WITH A PLACE TO STAY. UNFORTUNATELY, BECAUSE OF THE WAY THEIR CONTRACTS ARE STRUCTURED, THEY DO NOT HAVE TO DO THIS AND, HENCE, THEY DON'T. SO SOMETHING NEEDS TO BE DONE ABOUT THAT. THERE IS ALSO ANOTHER SEGMENT OF THIS POPULATION AND THAT IS THE CHILDREN WHO DISPLAY DELINQUENT AND CRIMINAL BEHAVIOR. THOSE CHILDREN ARE ALSO THE RESPONSIBILITY OF D.C.F.S. NOW, IN SOME OF THE CASES HERE, WE DO HAVE WHAT WE CALL A 241.1 JOINT AGREEMENT WITH PROBATION. THEORETICALLY, WE'RE SUPPOSED TO BE RESPONSIBLE FOR THE CARE OF THESE CHILDREN. IN REALITY, D.C.F.S. PROVIDES 90% OF THE SUPERVISION, YET WE DON'T HAVE THE RESOURCES THAT PROBATION HAS AND SOME OF THESE CHILDREN, AS THE DIRECTOR POINTED OUT, RUN AWAY FROM FOSTER HOMES, ARE OUT IN THE STREET, THEY REFUSE PLACEMENT, AND THERE'S VERY LITTLE WE CAN DO FOR THEM. SO WE NEED TO LOOK AT THIS 241.1 AGREEMENT WITH PROBATION AND MAKE WHATEVER MODIFICATIONS NEED TO BE MADE SO THAT WE CAN GET SERIOUS ABOUT MEETING THE NEEDS OF THIS TARGET POPULATION. THERE IS ALSO A THIRD GROUP. THOSE ARE THE YOUNG ADULTS WHICH NOW ARE 18 TO 21 YEARS OLD. AND BECAUSE OF THEIR SPECIFIC PROBLEMS, THEY DO NOT QUALIFY FOR EMANCIPATION SERVICES, BECAUSE THE CRITERIA TO EMANCIPATE IS THAT THE MINOR, AT THAT TIME A MINOR, MUST DEMONSTRATE THE ABILITY TO SUCCESSFULLY EMANCIPATE BUT THIS TARGET POPULATION HAS SEVERAL ISSUES: MENTAL ISSUES,

PROBLEMS THAT THEY CANNOT SUCCESSFULLY EMANCIPATE. HENCE, THEY ARE WITHOUT RESOURCES AND THE RESOURCES WITH THEM ARE EXTREMELY LIMITED, YET WE HAVE FULL RESPONSIBILITY FOR THEIR CARE. SO BASICALLY WHAT WE NEED IS WE NEED CHANGES, WE NEED CHANGES TO THE SYSTEM TO BE ABLE TO MEET THE NEEDS OF THESE PEOPLE, OF THIS POPULATION. NOW, LAST...

SUP. MOLINA, CHAIR: MR. BRAVO, LET ME ASK YOU A QUESTION.

ANTHONY BRAVO: YES.

SUP. MOLINA, CHAIR: IN THE OVERSTAYS, ISN'T THERE, EVERY SINGLE DAY, A SERIES OF EMERGENCY BEDS AVAILABLE FOR THESE CHILDREN?

ANTHONY BRAVO: AT THE COMMAND POST? WELL, THE PROBLEM IS THAT SOME OF THESE YOUTH...

SUP. MOLINA, CHAIR: IS THERE OR IS THERE NOT?

ANTHONY BRAVO: THERE ARE SOME BEDS, BUT THEY'RE INSUFFICIENT IN NUMBER AND THE...

SUP. MOLINA, CHAIR: SO, DO YOU KNOW, IN THE COMMAND POST, DO THEY MAKE AN AVERAGE OF HOW MANY BEDS ARE NEEDED ON AVERAGE?

ANTHONY BRAVO: I DON'T THINK THAT THEY CAN BRING THE COPS IN AND OUT OF THERE TO ACCOUNT FOR THE INFLUX OR, YOU KNOW-- IF THE POPULATION GOES UP OR DOWN, I DON'T THINK THEY CAN DO THAT.

SUP. MOLINA, CHAIR: THE ISSUE IS NOW ARE OVERSTAYS. SO MY-- I'M WONDERING, IN THE MANAGEMENT OF THE COMMAND POST, WHICH IS SUPPOSED TO TAKE COMMAND OF THESE CHILDREN, THEY SHOULD BE IMMEDIATELY PLACED, AND SO IS THE PROBLEM-- I MEAN WHETHER THAT THERE AREN'T PLACEMENTS AVAILABLE FOR THEM?

ANTHONY BRAVO: THERE AREN'T PLACEMENTS AVAILABLE FOR THEM. MANY OF THIS TARGET POPULATION, THEY'VE EXHAUSTED RELATIVES, THEY'VE BEEN REMOVED FROM FOSTER HOMES AND GROUP HOMES...

SUP. MOLINA, CHAIR: I UNDERSTAND ALL THE REASONS WHY THEY'RE THERE.

ANTHONY BRAVO: RIGHT.

SUP. MOLINA, CHAIR: THE ISSUE IS, THOUGH, THAT ONE OF THE THINGS, THE CONDITIONS WERE THAT, WELL, WE HAD A COMMAND POST, THAT THERE WERE SUPPOSED TO BE THOSE EMERGENCY BEDS. DR. SANDERS, IS THAT THE BIGGEST PROBLEM, IS THAT THERE IS NOT A PLACEMENT OR THAT THESE FOLKS ARE NOT PLACING THEM?

DAVID SANDERS: SUPERVISOR MOLINA, LET ME JUST PROVIDE A BRIEF CONTEXT. OF THE YOUTH BROUGHT INTO COMMAND POST, ABOUT 76% END UP IN A PLACEMENT SETTING WITHIN FOUR HOURS. ONE OF THE CHANGES THAT WE MADE WAS THAT, BASED ON OUR NUMBERS, WE FOUND THAT RELATIVE PLACEMENT OUT OF COMMAND POST ARE MORE STABLE THAN OTHER SETTINGS AND SO WE HAVE BEGUN TO LOOK MORE AGGRESSIVELY FOR RELATIVES AND THAT ADDS TO THE TIME THAT A YOUTH MAY WAIT. THEY MAY END UP IN A RELATIVE PLACEMENT, WE DO THE SEARCH THAT NIGHT AND BRING IN THE RELATIVE TO DO THE BACKGROUND CHECK AND SO FORTH. SO THE POPULATION THAT IS LEFT IS THE POPULATION THAT, TODAY, THE RESOURCES WILL NOT ACCEPT, AND THAT'S WHAT WE'RE TRYING TO ADDRESS WITH THIS GROUP, BOTH THE CONTRACT AND THE RECRUITMENT.

SUP. MOLINA, CHAIR: THEN THAT SPEAKS COUNTERS TO WHAT A COMMAND POST IS SUPPOSED TO DO. IF YOU CAN'T FULFILL A PLACEMENT IN FOUR HOURS BECAUSE YOU HAVEN'T COMPLETED THE PROCESS, THEN YOU NEED SOMETHING DIFFERENT THAN A COMMAND POST.

DAVID SANDERS: SUPERVISOR MOLINA, IF WE IDENTIFY A RELATIVE AND DO THE RELATIVE SEARCH, THAT PROCESS TAKES US THREE OR FOUR HOURS.

SUP. MOLINA, CHAIR: I UNDERSTAND. I UNDERSTAND WHAT YOU'RE SAYING BUT YOU JUST SAID TO ME THAT THESE ARE THE MOST STABLE

PLACEMENTS AND SOMETIMES IT TAKES MORE, TAKES LONGER. THE PROBLEM IS, WE DON'T WANT THESE OVERSTAYS. SO EITHER YOU HAVE ONE OR YOU HAVE THE OTHER. IF YOU HAVE TO CREATE A TEMPORARY SITUATION, THEN IT SHOULD BE A TEMPORARY SITUATION THAT STABILIZES FOR THAT CHILD. I JUST DON'T UNDERSTAND WHY, WHILE YOU'RE BUSY LOOKING OR TRYING TO CLARIFY FOR A RELATIVE, YOU CAN'T PUT THEM IN AN EMERGENCY BED SO AT LEAST HE HAS SOME STABILITY AT LEAST TO SLEEP THE NIGHT INSTEAD OF STAYING AT THE COMMAND POST.

DAVID SANDERS: SUPERVISOR MOLINA, THAT IS WITH THE ADDITIONAL RECRUITMENT OF THE HOMES THAT WE'RE DOING. I WANT TO GO BACK TO THE RECRUITMENT THAT WAS DONE A COUPLE OF YEARS AGO FOR YOUTH OUT OF THE COMMAND POST. BECAUSE WE HADN'T DONE THE KIND OF ANALYSIS THAT WE HAVE NOW, THE HOMES THAT WERE NOT RECRUITED WERE NOT SPECIFICALLY RECRUITED FOR THE EXACT POPULATION THAT'S AT THE COMMAND POST. WE ALSO DIDN'T HAVE THE IMMEDIATE SUPPORTS AVAILABLE. BOTH OF THOSE ARE BEING BUILT IN NOW. SO WE THINK THAT THE NEW HOMES THAT COME IN WILL BE BETTER PREPARED TO TAKE YOUTH WHO ARE 16, 17, 18, AT TWO IN THE MORNING THAT MIGHT BE JUST HAVING BEEN BROUGHT IN BY THE POLICE, THAT THEY'LL BE BETTER PREPARED WITH THE SUPPORT AND WITH THE EXPECTATION THAT THAT'S WHO THEY'RE TAKING.

ANTHONY BRAVO: I HAVE ONE MORE THING TO ADD BEFORE I'M DONE, AND THAT IS I JUST WANT TO POINT OUT TO THE BOARD THAT, LAST YEAR, THE VOTERS OF CALIFORNIA RECOGNIZED THE NEED FOR

MENTAL HEALTH SERVICES, THAT IT WAS IMPORTANT ENOUGH TO LEVY A NEW TAX. THIS TAX MONEY IS TO BE USED SPECIFICALLY TO MEET THE NEEDS OF THE POPULATION OF YOUTH WE'RE DISCUSSING TODAY. IF THE COUNTY HASN'T ALREADY DONE SO, WE URGE YOU TO EXPEDIENTLY LOOKING INTO UTILIZING PROP 63 MONEYS TO HELP DEAL WITH THE NEEDS OF THESE YOUTH. ALSO, LOCAL 535 STANDS READY TO WORK WITH D.C.F.S. IN A SPIRIT OF COOPERATION TO TRY AND COME TO A RESOLUTION TO THIS PROBLEM.

SUP. MOLINA, CHAIR: THANK YOU, MR. BRAVO. MISS LOEHL.

DOROTHY LOEHL: YES. I'VE BEEN INVOLVED WITH THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES FOR 14 YEARS BECAUSE I LEFT A DOMESTIC VIOLENCE SITUATION THAT I'LL BE SPEAKING ON LATER. THIS IS A TOP-DOWN PROBLEM. IF YOU TALK WITH SOCIAL WORKERS THAT HAVE BEEN WITHIN THE DEPARTMENT, I'M LOOKING AT A LETTER HERE FROM PEOPLE IN THE "L.A. TIMES," YOU KNOW, THE COMPLAINTS ABOUT FOSTER CARE, AND EVERY PERSON IN THIS ARTICLE: BRUCE SALTZER, NANCY RAMSAYER AND KRISTEN POWERS ARE ALL DEALING DIRECTLY WITH THE SYSTEM AND THEY EACH HAVE A DIFFERENT COMPLAINT THAT'S WITH THE SYSTEM ITSELF AND SO YOU'RE ASKING THE PEOPLE WHO HAVE BEEN AWARE OF THIS PROBLEM AND ALLOWED IT TO EXIST TO NOW FIX IT. AND I THINK YOU NEED TO HAVE A TASK FORCE ASSEMBLED THAT'S FROM MEMBERS OF THE COMMUNITY AND RANDOM SOCIAL WORKERS, BOTH NEW AND OLD, TO LOOK INTO WHAT THE PROBLEMS ARE. THERE ARE HOUSES IN THE COMMUNITY BUT THE SOCIAL WORKERS ARE SO INEPT AND SO DIFFICULT TO DEAL WITH THAT

THEY WON'T TAKE THESE PLACEMENTS. LIKE THIS LADY IS A DOCTORATE AND SHE'S READY TO QUIT THE SYSTEM. I HAVE A CHILD THAT'S BEEN IN PLACEMENT FOR FOUR MONTHS WITHOUT ANYBODY EVER TALKING TO ANYONE OR ANY ALLEGATIONS BEING MADE. NONE. 13 YEARS, I'VE BEEN THE CUSTODIAL PARENT OF MY CHILD. YOU ALSO HAVE THEM ALL ON MEDI-CAL AND IT'S NOT THE DIRECTIVE OF THE POLICY OR THE DEPARTMENT TO SHOVE THESE KIDS THROUGH MEDI-CAL. A LOT OF THEM HAVE PRIVATE INSURANCE. THEY'RE NOT UTILIZING THE PRIVATE INSURANCE AND THEY'RE TAKING THE MENTAL HEALTHCARE SYSTEM, THAT'S ALREADY OVERWHELMED, AND PUTTING THE CHILDREN-- PLUGGING THEM INTO THAT RATHER THAN UTILIZING MEDI-CAL-- I MEAN, RATHER THAN USING THE PRIVATE HEALTH INSURANCE. SO WHY WOULD A CHILD WHOSE PARENT MAKES \$150,000 A YEAR AND IS AN EMPLOYEE OF THE CITY BE BURDENING THE MEDI-CAL SYSTEM AND THE LOCAL SERVICE AGENCIES? IT'S JUST SOMETHING I'M NOT UNDERSTANDING. AND WHY, IF I CAN'T GET CHILD SUPPORT AND I'M HOMELESS BY A CITY EMPLOYEE, IS THE CHILD BEING PLACED IN D.C.F.S. AT MORE MONEY THAN WHAT I WOULD GET IN CHILD SUPPORT? THERE'S MORE ANSWERS TO THIS, I THINK, IF YOU WENT TO THE COMMUNITY OF EXPERIENCED SOCIAL WORKERS AND PEOPLE THAT AREN'T IN AN INSTITUTIONALIZED SETTING UP AT THIS LEVEL; THAT YOU NEED TO POLL THE COMMUNITY OF ATTORNEYS, LIKE THIS LADY IS, AND SERVICE AGENCIES TO COME TO MORE SOLUTIONS BECAUSE YOU'RE ASKING THE PEOPLE THAT HAVE BEEN AWARE OF THIS PROBLEM FOR YEARS TO FIX IT AND IT HASN'T BEEN FIXED IN ALL THESE YEARS.

SUP. MOLINA, CHAIR: DO YOU WANT TO SUMMARIZE, MISS LOEHL?

DOROTHY LOEHL: JUST I THINK THAT YOU SHOULD FORM A TASK FORCE ASKING FROM PEOPLE FROM THE COMMUNITY AND FROM THE LOCAL FOSTER AGENCIES, FROM FOSTER PARENTS AND PEOPLE WHO HAVE BEEN INVOLVED IN THE SYSTEM.

SUP. MOLINA, CHAIR: THANK YOU. MR. SALTZER.

BRUCE SALTZER: GOOD AFTERNOON. I'M BRUCE SALTZER REPRESENTING THE ASSOCIATION OF COMMUNITY HUMAN SERVICE AGENCIES. A.C.H.S.A., WHICH REPRESENTS 75 NON-PROFIT COMMUNITY MENTAL HEALTH AND CHILD WELFARE AGENCIES THROUGHOUT L.A. COUNTY SUPPORTS THE GENERAL DIRECTION THAT THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES IS MOVING: TOWARD THE GOALS OF CHILD SAFETY, PERMANENCE AND PLACEMENT IN THE LEAST RESTRICTIVE SETTING MOST APPROPRIATE FOR EACH CHILD. AT THE SAME TIME, OUR ASSOCIATION BELIEVES THAT A STRONG PUBLIC/PRIVATE COLLABORATIVE WORKING RELATIONSHIP IS THE BEST WAY TO REACH THESE GOALS. IN THAT VEIN, A.C.H.S.A. WOULD LIKE TO OFFER ITS ASSISTANCE TO THE COUNTY AND THE DEPARTMENT IN COLLABORATIVELY PROMOTING THREE CONCRETE THINGS THAT WILL ADDRESS THE ONGOING PROBLEM OF FOSTER CHILDREN SPENDING THE NIGHT AT THE DEPARTMENT'S EMERGENCY RESPONSE COMMAND POST. FIRST, THE DEVELOPMENT OF INTAKE RECEIVING CENTERS OR RECEPTION CENTERS WHICH PROVIDE CHILDREN ENTERING FOSTER CARE WITH A CHILD-FRIENDLY SETTING, WHERE THEY CAN RECEIVE

SHORT-TERM CARE OF LESS THAN 24 HOURS AND SUPERVISION WHILE COUNTY SOCIAL WORKERS LOCATE PLACEMENTS. RECEPTION CENTERS OPERATE VERY SUCCESSFULLY TODAY IN OTHER CALIFORNIA COUNTIES SUCH AS CONTRA COSTA. SECONDLY, THE DEVELOPMENT OF ADDITIONAL EMERGENCY CRISIS BEDS FOR CHILDREN WHO NEED SHORT-TERM RESIDENTIAL PLACEMENT. AND, THIRD, THE DEVELOPMENT OF A FORMAL INDIVIDUALIZED CONTRACTING PROCESS WHERE COMMUNITY AGENCIES CAN DEVELOP SPECIAL INDIVIDUALIZED PLACEMENTS OR COMMUNITY ALTERNATIVES FOR THE MOST DIFFICULT CHILDREN IN THE SYSTEM. WE UNDERSTAND THAT D.C.F.S. DID THIS FOR SOME OF THE CHILDREN INVOLVED IN THE K.D.A. LITIGATION AND WE WOULD LIKE TO SEE THE PROCESS FORMALIZED. I WOULD LIKE TO SPEAK BRIEFLY TO THE FIRST AND THIRD OF THESE IDEAS. IN REVIEWING MY FILE ON RECEPTION CENTERS, I'VE BEEN WORKING ON THIS FOR A COUPLE OF YEARS NOW, I LOCATED A LONG BEACH PRESS TELEGRAM ARTICLE DATED JUNE 11TH, 2003, ENTITLED "KIDS' LONG STAY IN OFFICE CRITICIZED." IN THE ARTICLE, IT WAS NOTED THAT THE BOARD VOTED TO EXPEDITE PLANS TO TAKE \$680,000 IT WOULD HAVE SPENT ON MACLAREN TO RENOVATE A SHUTTERED HEALTH CLINIC IN PARAMOUNT. TO QUOTE FROM THE ARTICLE, "WHEN FINISHED, THE FIRST OF EIGHT EXPECTED 23-HOUR RECEPTION CENTERS WOULD ELIMINATE THE NEED FOR CHILDREN TO STAY AT THE COMMAND POST. IT WOULD BE EQUIPPED WITH BEDS, SHOWERS AND FOODS SERVICES WHILE SOCIAL WORKERS AND OTHER EXPERTS FIND PERMANENT HOMES OR MEDICAL CARE FACILITIES, OFFICIALS SAID." WITHOUT DWELLING ON THE PAST, WE BELIEVE THAT IT IS, IN FACT, PAST TIME TO EXPEDITE THE DEVELOPMENT OF THESE RECEPTION CENTERS AND WE

STAND READY TO ASSIST THE DEPARTMENT WITH THEIR DEVELOPMENT. AS I NOTED ABOVE, THESE RECEPTION CENTERS OPERATE VERY SUCCESSFULLY TODAY IN CONTRA COSTA COUNTY, FOR EXAMPLE, AND ARE ACTUALLY RUN THERE BY AN A.C.H.S.A. MEMBER AGENCY. THE CONCEPT OF A FORMAL, INDIVIDUALIZED CONTRACTING PROCESS WAS INCORPORATED INTO A PLAN FOR HIGH NEEDS DEFENDANT YOUTH THAT A.C.H.S.A. DEVELOPED IN SEPTEMBER OF 2004, WITH THE WORK GROUP CONSISTING OF REPRESENTATIVES FROM A.C.H.S.A., D.C.F.S., D.M.H. AND THE K.D.A. ATTORNEYS. AS DESCRIBED IN THAT PLAN, A CONTRACT PROCUREMENT PROCESS SHOULD BE INSTITUTED WHEREBY AGENCIES ARE INVITED TO DEVELOP A CHILD SPECIFIC PLACEMENT AND TREATMENT SERVICE PACKAGE FOR HARDER-TO-PLACE AND TREAT CHILDREN. EITHER THE COUNTY COULD IDENTIFY A A SET SUM OF MONEY FOR EACH CHILD, BASED ON THE COST ESTIMATES OF CARING FOR THE CHILD, OR AGENCIES COULD BID AGAINST EACH OTHER AND SUGGEST THEIR OWN REIMBURSEMENT, BASED ON THE SERVICE PACKAGE THAT THEY PROPOSE. WE BELIEVE THAT SUCH AN APPROACH, WHILE PRESENTING IMPLEMENTATION CHALLENGES, OFFERS THE BEST POTENTIAL LONG-TERM SOLUTION FOR HOW TO ADDRESS THE NEEDS OF THE MOST DIFFICULT CHILDREN IN THE FOSTER CARE SYSTEM. IN CLOSING, A.C.H.S.A. WOULD LIKE TO RECOMMEND THAT THE BOARD RE-COMMIT TO THE DEVELOPMENT OF RECEPTION CENTERS IN L.A. COUNTY, AS WELL AS ENDORSE AN EXPLORATION OF HOW THE CONCEPT OF INDIVIDUALIZED CONTRACTING CAN BE FORMALIZED AND IMPLEMENTED. WE WOULD ALSO GREATLY APPRECIATE THE OPPORTUNITY TO WORK

COLLABORATIVELY WITH THE COUNTY ON BOTH OF THESE CRITICALLY IMPORTANT ENDEAVORS. THANK YOU FOR YOUR CONSIDERATION.

SUP. MOLINA, CHAIR: MR. SALTZER, ON THE RECOMMENDATIONS OR THE ADVICE THAT YOU'RE GIVING US, RIGHT NOW, IN THE PLACEMENT OF A CHILD, ARE YOU INVOLVED AT ALL AS THE GROUP HOMES THAT ARE INVOLVED IN THE ASSESSMENT AT SOME LEVEL?

BRUCE SALTZER: EACH CHILD, BASED ON THE SYSTEM THAT WE'VE WORKED ON WITH THE DEPARTMENT AND IT HASN'T HAPPENED YET, IS SUPPOSED TO BE ASSESSED WHEN THEY COME INITIALLY INTO OUT OF HOME CARE. THAT'S THE THING WE'VE BEEN WORKING ON FOR MORE THAN THREE YEARS. IT'S BEEN PILOTED NOW IN SERVICE AREA SIX, IN PASADENA, AND IT'S WORKING. IT NEEDS NOW TO BE EXPANDED...

SUP. MOLINA, CHAIR: BUT ARE YOU INVOLVED IN THOSE ASSESSMENTS?

BRUCE SALTZER: ARE THE GROUP HOMES INVOLVED IN THESE ASSESSMENTS? IN THE PILOT PROJECT, THE INITIAL SCREEN WHERE CHILDREN COME INTO THE SYSTEM, IT'S SUPPOSED TO BE DONE BY THE COUNTY...

SUP. MOLINA, CHAIR: I UNDERSTAND BUT, MANY TIMES, IT ISN'T JUST THAT THEY COME IN FROM THE COUNTY, IT'S THAT THEY GET MOVED AROUND A LOT, THE CHILD.

BRUCE SALTZER: THE DECISIONS ABOUT PLACEMENT OF THE CHILD ARE MADE BY THE DEPARTMENT, THEY'RE NOT MADE BY THE...

SUP. MOLINA, CHAIR: I KNOW THAT. I'M ASKING IF THE GROUP HOME IS PRESENTLY INVOLVED IN ANY ASPECT OF THAT ASSESSMENT.

BRUCE SALTZER: OF WHETHER OR NOT THE CHILD IS APPROPRIATELY PLACED IN THAT FACILITY, IF THERE'S AN ISSUE?

SUP. MOLINA, CHAIR: RIGHT.

BRUCE SALTZER: THEY SHOULD BE. I AM NOT A HUNDRED PERCENT CERTAIN. I BELIEVE THERE ARE TIMES WHEN CHILDREN ARE REMOVED WITHOUT THE COMPLETE CONSULTATION AND AGREEMENT OF THE GROUP HOME. I BELIEVE THAT THERE ARE INSTANCES WHERE THAT HAPPENS.

SUP. MOLINA, CHAIR: DR. SANDERS, I APPRECIATE MR. SALTZER'S INPUT BUT I WOULD LIKE TO KNOW, I'D LIKE TO THINK THAT, WHEN A CHILD GETS MOVED FROM ONE GROUP HOME TO ANOTHER OR IS REMOVED FROM A GROUP HOME, THAT THERE'S SOME INVOLVEMENT IN THE ASSESSMENT FROM-- THERE HAS TO BE SOME OWNERSHIP AS WELL FROM THE GROUP HOME AND INVOLVEMENT IN THAT ASSESSMENT, NOT JUST THAT HE GOT KICKED OUT FOR THE FOLLOWING THINGS, BECAUSE THERE HAS TO BE SOME-- BECAUSE THEY HAVE SOCIAL WORKERS ON, THEY HAVE AVAILABLE PEOPLE THAT SHOULD BE ABLE TO MAKE A CONTRIBUTION AS TO WHAT WOULD BE AN EFFECTIVE

PLACEMENT OR WHAT ARE SOME OF THE ACTIONS THAT NEED TO BE CARRIED OUT IN ORDER TO, YOU KNOW, BE MUCH MORE CAUTIOUS AND OPERATE IN THE BEST INTERESTS OF THE CHILD. DO WE INCORPORATE THEM AT ALL RIGHT NOW IN ANY OF OUR ASSESSMENT, PARTICULARLY WHEN WE'RE TRANSFERRING A CHILD FROM ONE LOCATION TO ANOTHER?

DAVID SANDERS: THE DECISION FOR A GROUP HOME TO ACCEPT THE CHILD IS A GROUP HOME'S DECISION AND THEY WILL DO AN ASSESSMENT IN MAKING THAT DECISION.

SUP. MOLINA, CHAIR: THAT'S NOT WHAT I'M ASKING. THAT'S NOT WHAT I'M ASKING. SOMEWHERE IN THIS PROFILE OF THE CHILD, THERE IS AN ASSESSMENT. I KNOW WE'VE BEEN WORKING ON IT. I MEAN, I'VE BEEN HERE 14 YEARS AND THAT'S ALWAYS SOMETHING THAT THEY'RE GOING TO WORK ON. I'M JUST SAYING THAT, IT ISN'T JUST THE CHILD THAT-- IT ISN'T JUST THE ASSESSMENT CENTER THAT HAS JUST MET THE CHILD THAT SHOULD DO THE ASSESSMENT. IF THIS CHILD HAS BEEN INVOLVED IN A GROUP HOME, THERE SHOULD BE SOME ASSESSMENT THAT IS INCLUDED IN THE ASSESSMENT AS WELL. THEIR INPUT SHOULD BE VALUABLE BECAUSE THEY HAVE BEEN-- THEY ARE THE CARETAKER, FOR THE MOST PART, AND THAT'S WHAT I'M ASKING.

DAVID SANDERS: SUPERVISOR MOLINA, WITH THE-- THE BOARD HAS-- HAS, THROUGH MOTIONS, SUPPORTED THE ROLL-OUT OF POINT OF ENGAGEMENT. AND, WITH THAT, THE DECISION, THE INITIAL DECISION ABOUT PLACEMENT IS ONE THAT IS REQUIRED TO OCCUR IN A TEAM

SETTING. SO THE PROVIDERS, THE FAMILY AND OTHERS ARE TO-- ARE TO CONVENE AND TO MAKE-- AND TO BRING IN INFORMATION AND TO MAKE DECISIONS. BEFORE THAT, WE-- AND YOUR BOARD HAS APPROVED THE FUNDING FOR COUNTY U.S.C. THERE IS-- WE ARE CREATING A HUB NETWORK OF MEDICAL PROVIDERS THAT DOES THE INITIAL FORENSIC ASSESSMENT IN MENTAL HEALTH SCREENING.

SUP. MOLINA, CHAIR: MR. SALTZER? THAT WASN'T CLEAR TO ME. I HOPE IT WAS CLEAR TO YOU. DO YOU UNDERSTAND THAT?

BRUCE SALTZER: UMM... NOT-- I WAS ACTUALLY FOCUSING ON SOMETHING ELSE. I APOLOGIZE. CAN YOU ASK THE QUESTION AGAIN?

SUP. MOLINA, CHAIR: I UNDERSTAND. I GUESS WHAT I'M TRYING TO UNDERSTAND IS THAT WE HAVE CREATED A LOT OF OWNERSHIP FOR THE GROUP HOMES, RIGHT? WE'RE MAKING YOU ACCOUNTABLE FOR THE CHILDREN UNDER THE NEW CONTRACT AND SO ON. WHAT I GUESS I'M SAYING IS THAT THE GROUP HOMES SHOULD ALSO BE A PARTNER WITH US IN A PART OF THE ASSESSMENT.

BRUCE SALTZER: ABSOLUTELY. ALWAYS LIKE TO BE. ONE OF THE THINGS I WANTED TO POINT OUT IS THAT, PARTICULARLY AMONG OUR AGENCIES, THERE IS A DISTINCT DESIRE NOT TO DISCHARGE CHILDREN. AND, YOU KNOW, IF YOU LOOK AT SOME OF THE AGENCIES THAT WE'RE TALKING ABOUT, MARY VALE, UNITED CARE, AVIVA, CHILD NET, HEALTH SIDES, FIVE ACRES, THERE IS NOT A-- THERE'S VERY FEW KIDS THAT GET DISCHARGED AND THEY DO IT VERY, VERY RELUCTANTLY. THE

IDEA AT SOME POINT AS WELL IS, AND IN THOSE INSTANCES, THE ISSUE COMES UP OF HEALTH OR SAFETY FOR THE OTHER CHILDREN IN THE FACILITY. BUT I CAN SAY AGAIN, AMONG OUR AGENCIES, THERE'S A GREAT RELUCTANCE TO EVER DO THAT. WHEN A CRISIS COMES UP, THE MUCH PREFERRED MODE OF DEALING WITH IT OBVIOUSLY AS WELL IS TO GET, AS THE DEPARTMENT HAS DONE IN THE PAST, EMERGENCY RESPONSE TEAMS TO TRY AND DEAL AND DIFFUSE A SITUATION, POTENTIALLY, OR POTENTIALLY, FOR A SHORT-TERM PERIOD OF TIME, MOVE A CHILD MAYBE TO A CRISIS BED WHERE THEY CAN THEN COME BACK TO THE FACILITY. IT'S NOT LIKE THE AGENCIES WANT TO DISCHARGE ANY CHILD FROM THEIR FACILITY. IT'S SIMPLY, AGAIN, IN SOME INSTANCES, THERE ARE HEALTH AND SAFETY ISSUES FOR THE OTHER CHILDREN IN THAT PROGRAM. BUT, AGAIN, AS I SAID, EVEN WHEN THERE IS A SITUATION OR A CRISIS, GENERALLY THE AGENCY, AGAIN, TO THE EXTENT THAT IT CAN BE AMELIORATED WOULD, IN MANY INSTANCES, LIKE TO HAVE THE CHILD BACK IN THE PROGRAM AS WELL.

SUP. MOLINA, CHAIR: ALL RIGHT. WELL, WE LOOK FORWARD TO YOUR REPORT, DR. SANDERS. THE MOTION IS BEFORE US.

SUP. KNABE: I JUST...

SUP. MOLINA, CHAIR: YES, MR. KNABE.

SUP. KNABE: I THINK, BRUCE, YOU ANSWERED IT BUT, I MEAN, WHAT CAN THE GROUP HOMES DO TO, YOU KNOW, TO PARTNER WITH THE

DEPARTMENT AS IT RELATES TO THESE OLDER KIDS THAT REPEAT? I MEAN, IS THERE SOMETHING THAT...

BRUCE SALTZER: TO BE HONEST, AGAIN, WE HAVE A COUPLE THINGS THAT WE'VE BEEN WORKING ON THAT WE WANT TO ENSURE GET MOVED TO FRUITION, THAT WE THINK WE OFFER SOME ASSISTANCE-- OFFER EXPERTISE THAT WE CAN MOVE THESE PROJECTS ALONG LIKE, AGAIN, THE RECEIVING CENTERS. THE DEPARTMENT WAS ENGAGED WITH US INITIALLY IN THAT ENDEAVOR. WE'D LIKE TO CONTINUE TO WORK WITH THE DEPARTMENT TO SEE RECEIVING CENTERS IN LOS ANGELES COUNTY. I THINK, AGAIN, WHERE WE CAN OFFER ASSISTANCE, THE RECEIVING CENTER AT CONTRA COSTA-- EVERY CHILD IN CONTRA COSTA COUNTY THAT GETS REFERRED INTO OUT OF HOME CARE INITIALLY GETS PUT INTO A RECEIVING CENTER, INITIALLY, WHERE THEY CAN GET ACCLIMATED TO THE CHANGE AND TO OUT OF HOME CARE.

SUP. KNABE: BUT ISN'T THERE A LICENSING ISSUE WITH THAT CONTRA COSTA MODEL?

BRUCE SALTZER: THEY HAVE A SPECIAL AGREEMENT WITH LICENSING THAT ALLOWS THEM TO OPERATE THE CENTER 23 HOURS. AND, AGAIN, THEY'VE BEEN OPERATING IN THAT WAY FOR A NUMBER OF YEARS WITH THE APPROVAL OF LICENSING. IT IS A SPECIAL WAIVER...

SUP. KNABE: BUT THEY WILL NOT LICENSE IT?

BRUCE SALTZER: IT'S A SPECIAL WAIVER THAT THEY HAVE GOTTEN FROM LICENSING. IT IS REVIEWED, THEY GET OVERSEEN BY THEM BUT IT'S NOT A FORMAL, YOU KNOW, 24-HOUR RESIDENTIAL LICENSE. MY POINT IS, WE HAVE AN AGENCY OF OURS THAT HAS, YOU KNOW, DONE THE RECEIVING CENTERS IN CONTRA COSTA FOR A NUMBER OF YEARS. WE'D BE MORE THAN HAPPY, AGAIN, TO OFFER THAT EXPERTISE TO WORK WITH THE COUNTY TO IMPLEMENT THAT MODEL IN THE COUNTY. THE OTHER RECOMMENDATION WE MADE...

SUP. KNABE: AND WHAT IS IT, A GENERIC WAIVER? WOULD THE COUNTY, L.A. COUNTY BE ELIGIBLE...

BRUCE SALTZER: THE COUNTY ABSOLUTELY SHOULD BE ABLE TO GET THE SAME WAIVER. I HAVE NO REASON TO BELIEVE THAT THEY WOULD NOT BE ELIGIBLE BECAUSE IT'S NOT JUST CONTRA COSTA. THEY OPENED-- THEY HAVE A SIMILAR RECEIVING CENTER THAT THEY OPERATE IN ALMEDA COUNTY, SO I ASSUME ANY COUNTY IN CALIFORNIA THAT WOULD OPERATE ACCORDING TO THE SAME GUIDELINES WOULD BE ABLE TO GET THAT APPROVAL OF LICENSING.

SUP. KNABE: OF COURSE NO COUNTY HAS OUR VOLUME, EITHER.

BRUCE SALTZER: WELL, THAT'S ONE OF THE THINGS THAT WE TRIED TO WORK WITH AND WE WOULD WANT TO CONTINUE TO WORK WITH, HOW DOES THIS MODEL APPLY TO L.A. COUNTY? HOW CAN WE MAKE IT WORK? THE SECOND POINT, AGAIN, HAD TO DO WITH THE IDEA OF THESE INDIVIDUALIZED-- THIS INDIVIDUALIZED CONTRACTING PROCESS

THAT WE DID DEVELOP IN A CONCEPT WITH A WORK GROUP THAT INCLUDED D.C.F.S. WE WOULD SIMPLY LIKE TO CONTINUE TO BE DIRECTED TO WORK WITH THE DEPARTMENT BY THE BOARD TO SEE WHAT WE CAN DO TO MAKE THAT PROCESS EFFECTIVE FOR THE MOST DIFFICULT KIDS IN THE SYSTEM.

SUP. MOLINA, CHAIR: WELL, I'D LIKE TO SEE THAT HAPPEN. I THINK WE SHOULD INCLUDE IT IN OUR MOTION, THAT YOU WORK WITH THE DEPARTMENT.

BRUCE SALTZER: WE WOULD APPRECIATE THAT VERY MUCH.

SUP. BURKE: HAS THE ISSUE OF FEEDING THE CHILDREN WHO ARE THERE OVER FOUR HOURS OR FIVE HOURS, HAS THAT ALL BEEN RESOLVED?

DAVID SANDERS: WE THINK THAT-- WE'VE HAD SOME INITIAL CONVERSATIONS WITH THE STATE'S ATTORNEY AND WE DO BELIEVE THAT THAT ISSUE'S BEEN RESOLVED, THAT THERE IS AN ABILITY TO PROVIDE FOR BASIC NEEDS FOR YOUTH AS THEY COME INTO CARE.

BRUCE SALTZER: I CAN TELL YOU, IN RECEIVING CENTERS IN CONTRA COSTA, YES, THEY ARE FED, THEY ARE CLOTHED, THEY ARE BATHED. THOSE ARE ALL THINGS THAT THEY ARE ALLOWED TO DO. THEY HAVE BEDS THERE, AGAIN, BUT THEY CAN ONLY STAY UP TO 23 HOURS BECAUSE OF THE LIMITATION THAT LICENSING HAS PUT ON THE PROGRAM.

SUP. BURKE: BUT HERE IT SAYS...

BRUCE SALTZER: IT MIGHT BE BECAUSE OF THE-- I DON'T KNOW. IT MIGHT BE RELATIVE JUST TO THE COMMAND POST AS OPPOSED TO, AGAIN, IT'S VERY SPECIFIC STAFFING AND OTHER GUIDELINES. IT'S NOT LIKE THE RECEIVING CENTER HAPPENED OVERNIGHT. THERE WAS A LOT OF DISCUSSION, NEGOTIATION WITH LICENSING, WITH THE COUNTY, VERY PRECISE THINGS THAT WERE WORKED OUT BEFORE THEY WERE ALLOWED TO OPERATE THE RECEIVING CENTER.

SUP. BURKE: BUT THE SOCIAL WORKERS WHO ARE THERE ARE THE PEOPLE IN CHARGE, THEY HAVE SOME ABILITY TO MAKE SURE THAT THE CHILDREN, IS THEIR A FACILITY THERE FOR THEM TO BE FED?

DAVID SANDERS: ARE YOU SPEAKING OF CONTRA COSTA COUNTY OR HERE?

SUP. BURKE: HERE.

DAVID SANDERS: LET ME SPEAK ON A COUPLE OF ISSUES. THE 23-HOUR RECEPTION CENTERS, THERE'S A COUPLE OF ISSUES AND THE AGREEMENT FOR A WAIVER IS DONE ON AN INDIVIDUALIZED BASIS. IN TERMS OF THE LENGTH OF TIME AND THE AUTHORITY THAT THE STATE HAS, THAT AUTHORITY CAN BE EXTENDED TO A NUMBER OF CIRCUMSTANCES OR IT CAN BE RESTRICTIVE. SO SOME OF THE ISSUES THAT HAVE BEEN RAISED ABOUT THE COMMAND POST ALSO APPLY TO THE 23-HOUR RECEPTION CENTERS AND WE BELIEVE, FOR EXAMPLE,

FEEDING AND OTHER KINDS OF THINGS ARE THINGS THAT ARE NOT NECESSARILY UNDER THE STATE PURVIEW AND THAT'S WHAT WE'RE WORKING WITH THE STATE ON, SOME OF THOSE ISSUES.

SUP. BURKE: WELL, WHILE YOU WAIT ON THEM, THE CHILDREN ARE BEING FED, I HOPE?

DAVID SANDERS: YES.

SUP. BURKE: THE ORIGINAL REPORT THAT I READ WAS THAT SOME OF THEM WERE NOT BEING FED AND THERE WAS NOT ADEQUATE PLACE FOR THEM TO SLEEP. AT LEAST THAT'S WHAT THE NEWSPAPERS SEEMED TO...

BRUCE SALTZER: THANK YOU VERY MUCH.

SUP. MOLINA, CHAIR: THANK YOU. ALL RIGHT. THAT ITEM IS BEFORE US. MOVED BY MYSELF, SECONDED BY SUPERVISOR KNABE. ANY OBJECTION? IF NOT, SO ORDERED.

SUP. KNABE: WITH ALSO THAT CAVEAT ON YOUR MOTION THAT...

SUP. MOLINA, CHAIR: RIGHT, WITH ALSO GETTING THEM TO WORK WITH MR. SALTZER AND THE GROUP HOMES. ALL RIGHT. THANK YOU, DR. SANDERS.

NEXT WE HAVE ITEM NUMBER 42. WE HAVE VARIOUS PEOPLE THAT WISH TO ADDRESS US ON THIS ITEM. I'M GOING TO ASK MARLENE ALLEN TO JOIN US, HELEN BENSON, TONY BRAVO AND TIM FARRELL. IF THEY'D JOIN US, PLEASE. MISS ALLEN?

Some Relevant Emails

The following is an example of an exchange of ideas: The problem raised was regarding children who remained at ERCP for half an hour after a foster home was located. The second question was why it took so long to find placements for the children in the first place.

The Question in context: **APRIL 6, 2011**

From: Jennifer A. Lopez

Sent: **Wednesday, April 06, 2011 2:07 PM**

To: Lincoln Saul

Cc: Charlene Robinson; Eric Marts; Portia Odom; Asaye Tsegga; Faye Mitchell; Deborah Ramirez; Donna Fearn; Gasem Haldy; Jacqueline A. Chandler; Janet M Jackson; Jeff Cekovich; Lincoln Saul; Lynn Williams; Margaret Armoogum; Paul ERCP Gomez; Paula Gamboa; Yolanda ERCP Johnson

Subject: RE: Mandatory Report: Children Waiting for Placement at ERCP April 6, 2011

Lincoln, for clarity purposes,

Bella **G**----: I'm not sure what happened with Bella's placement or who was the lead on this, but as soon as I got in, Charlene and I become personally involved with the placements. We were able to locate 3 homes who would take her; I will follow up as to why the ARA and myself had to locate placements.

Victor **F**----: Charlene and I were also personally involved with Victor's placement and we had a secured home for him at 10:30 am, (right at the 8th hour), if children are lingering around here after placement has been located, that should not count against time here. I have had several complaints from staff that even when placements are found, some SCSWs are not ensuring the children are taken to their placements, but rather we are sending out for fast food, letting them finish their movie etc, this should not be happening.

This minor should have left for the Regional office no later then 7:30am, I have said this time and time again, and still it is not happening. Charlene, please follow up and find out why my instructions are not being followed.

I am asking all SCSWs to become personally involved in trying to get these minors placed as soon as possible, I know many of you already do this, as I rarely see your names on the over 8 hour list.

We will continue to advocate for additional resources,

RESPONSE TO THE DIVISION CHIEF'S EMAIL:

From: Lincoln Saul

Sent: Wednesday, April 06, 2011 5:54 PM

To: Jennifer A. Lopez

Cc: Charlene Robinson; Eric Marts; Portia Odom; Asaye Tsegga; Faye Mitchell; Deborah Ramirez; Donna Fearn; Gasem Haldy; Jacqueline A. Chandler; Janet M Jackson; Jeff Cekovich; Lynn Williams; Margaret Armoogum; Paul ERCP Gomez; Paula Gamboa; Yolanda ERCP Johnson

Subject: RE: Mandatory Report: Children Waiting for Placement at ERCP April 6, 2011

Richard C----- Came to ERCP at 11:55 P.M. and was rushed out as soon as he got up from sleeping. He was taken downstairs and left for his CSW. He was not fed breakfast before leaving ERCP. I was not directly involved in his transition to the regional office.

Victor F---- departed about half an hour after the placement was located. Half an hour is not excessive considering getting a map quest, completing the placement papers and then departing.

Bella G-----: Two weeks old demands diapering, feeding, possibly changing of clothing before taking off on a trip to the foster home. Any lag in time may be attributed to any and/or all of those things.

Generally, foster parents who are not available during the night, may become available during the day. Such could be part of the explanation. Additionally, ERCP does not have a TA supervisor during the daytime and ERCP is also lacking a TA supervisor on one graveyard shift.

Staff has also complain that there are times that children remain at ERCP, 2-3 hours after placements have been located due to two specific problems:

- (1) The keys to the vans are locked in administrative offices and are not made available until a specific secretary arrives to begin the workday.
- (2) To avoid paying two or three hours of overtime, to an employee from the daytime shift, the directive has been issued to wait for the swing shift staff to transport the children to placement. This not only delays the child at ERCP, but keeps the child, who may have spent the night at ERCP, several hours longer before arriving at the foster home (rush hour traffic becoming a factor).

As to the issue of "Sending for fast food: Fast food and lunchables is the primary meals available to children who wait for placements at ERCP. I am fully aware

that feeding the children who are waiting for placement at ERCP is not as high a priority as it should be. I am also aware that there appear to be a greater emphasis on getting the children out of the ERCP Office than there is the emphasis on focusing on the quality of care given to the children while there are here. Some staff at ERCP definitely care more about the quality of care children receive when there are here. That is why time is spent feeding them, grooming them, and making good transitions to regional offices or to foster placement.

On Monday when I came to work and entered the children's room at ERCP, I was so saddened at what greeted me. There were eight children, seven housed in the children's room on beds with hardly walking space between. This is clearly a Health and Safety violation, but not only that, in case of an emergency, there was hardly space to work around the five children. This was not an isolated situation.

The thing that saddened me most was the presence of two very young children: 3 months old and 3 days old who were in car seats, on the floor to the entrance to the children's room. The rug to the entrance of the children's room is dirty and heavily soiled, and vulnerable children are "housed" close to the filth. The two infants were at ERCP since 11:19 P.M. the previous night. I can cite numerous situation and incidents to support the claim that more emphasis needs to be put on the quality of care the children are given while in our care.

ERCP is not the ideal place for these children; however, when they come, we have an obligation to care for them to the very best of our ability. We should not be herding them out, to avoid a mandatory report to the executive team, as if they are not human beings with human needs, who are depending on us for their care and comfort. From my perspective, this is a moral, ethical, and professional commitment. It is the right thing to do. Children should not be spending the night at ERCP and be sent off hungry and dirty. They should not spend all day at ERCP and be rushed off without something substantial in their stomachs and on their backs.

By the way, it was recently brought to my attention that ERCP is accepting used clothing to give to children who come to our office waiting for placement. I was told that some of the used clothing has a funky smell, contains dog hair, and some are stained. This could be a public relations problem. Could this practice be revisited? I have personally seen some items of clothing with stains, what appears to be dog hair, and a funky smell.

The staff of the daytime shift, are outstanding child care experts. It is very hard to settle for sub-standard care. I know what quality child care is like and what the official standards are. We make modifications, given the limitations at ERCP, but we cannot ignore the fact that we are caring for human beings who need us.

RESPONSE FROM DIVISION CHIEF, JENNIFER LOPEZ:

From: Jennifer A. Lopez

Sent: **Wednesday, April 06, 2011 6:17 PM**

To: Lincoln Saul

Cc: Charlene Robinson; Eric Marts; Portia Odom; Asaye Tsegga; Faye Mitchell; Deborah Ramirez; Donna Fearn; Gasem Haldy; Jacqueline A. Chandler; Janet M Jackson; Jeff Cekovich; Lynn Williams; Margaret Armoogum; Paul ERCP Gomez; Paula Gamboa; Yolanda ERCP Johnson

Subject: RE: Mandatory Report: Children Waiting for Placement at ERCP April 6, 2011

I'm sorry to disagree with you Lincoln, I personally saw those clothes and even helped fold them and put them away, they were in great condition and the children were excited picking out sweaters, new jackets etc. I would like to have a discussion with you and Charlene about concerns I have, no need to involve the rest of the SCSWs who don't seem to have the same issues as you....
Let's discuss early next week, Thanks

Jennifer A. Lopez

Division Chief

Work: 213 639 4796

FAX: 213 738 6483

Lopezje@dcfs.lacounty.gov

From: Saul, Lincoln

Sent: Tuesday, June 08, 2010 11:12 AM

To: Long, Stephen

Cc: Marts, Eric; Robinson, Charlene

Subject: We Been Here Before

Good Morning Mr. Long,

As time permits, it might be beneficial to read how others, in the past, proposed to address the same ERCP problems we are currently facing with limited resources and support, to meet the needs of our children population. You will conclude that this is not a new problem. You may also conclude that the reasons the problems exist today is that the problems were not resolved in the past.

I have concluded that no effective measures were taken in the past to resolve the problems we face today. I have also concluded that the problems will not be resolved by tinkering around the edges. DCFS will have to make an assessment and agree that a huge problem exist, simultaneously accept ownership of the problem, and come up with an effective corrective action plan.

Further, I believe that until those with power and authority, and those who allocate resources, **commit** to resolving the problems our children, who are taken into custody at ERCP, especially children possessing special problems, challenges, and needs, it is likely that our children will continue to wait around in our conference and children's rooms, for extended periods of time, waiting to be placed, and waiting to have their needs met.

Secondly, the issue of having food vouchers to feed the children who come to ERCP and spend extended hours, being housed or awaiting placement, continues to be a problem. I encountered this problem as recently as this morning. I am aware that administrators at ERCP have intervened, by meeting with staff from procurement, with intent to correct the problems associated with acquisition of food vouchers and other necessary supplies. I have personally spoken with staff from procurement, including Cynthia McCoy, yet, the problems highlighted have not been resolved satisfactorily.

This morning I personally observed two children departing from ERCP, after spending the night, with their belonging in plastic bags and laundry baskets (similar to the homeless population who live on the streets). Today, I was told that we do not have food vouchers. ERCP staff does not always have discretionary money to feed children who spend long hours, including weekends, at our office.

It is my believe that, collectively, ERCP staff has taken appropriate steps to resolve these problems. It appears that there is a bottleneck, at the procurement section, which prevents ERCP from getting the supplies required to meet the children's basis needs. I don't think that procurement staff understands the ERCP challenges.

On a broader scale, it appears that the executive team is unaware that ERCP is operating a shelter care facility, by default. The facility is poorly equipped and inadequately staffed.

In May 2005, the foregoing were some of the same issues that were addressed in Dr. Sanders' remarks to the Board of Supervisors (BOS). Then he stated that DCFS would have adequately addressed the matter by August 2005. As of this date, we are operating at least on the same level as we operated then, if not worse, and we have a higher number of children housed at ERCP than we had then. I was told that last month approximately 250 children came to ERCP for varying durations of time. It appears that currently we have significantly less placement resources than we had when Dr. Sanders spoke to the BOS in May 2005.

The urgency of having this matter addressed, **by the executive team**, and resolved, effectively, cannot be over emphasized. The team needs to know that ERCP is currently responsible for keeping children who are released from Juvenile Hall, County Jail, children picked up off the streets, and children who are runaways from placement. Additionally, ERCP keeps infants, toddlers, and school-aged children who are taken into protective custody. ERCP may be required to supervise both groups simultaneously without the needed supports.

The executive teams must be made aware that the situation presents a daily challenge for ERCP staff and is that the situation is bad for the children involved. The team should compare the present state of the problem with the address Dr. Sanders gave to the BOS five years ago.

I go on record as saying that we are not better off than five years ago. We have deteriorated significantly, and I do not see, or hear of the development of an effective plan, outside of ERCP, to resolve the problems addressed. Since your arrival, you, and the ERCP staff, administrative and other, have taken appropriate steps to address these issues, I am aware; However, the problem requires a departmental response. The problem associated with housing and caring for children at ERCP is not endemic to ERCP, it is a problem that has become endemic to DCFS. Consequently, requires a comprehensive solution by the DCFS executive management team.

The purpose of this email is to share with you some of my concerns regarding the use of ERCP children's room as a default shelter, for all age groups. Children who present with significantly different functional developmental levels and emotional functioning. To further emphasize that ERCP is poorly equipped, inadequately staffed, and often has inadequate supplies to address the needs of the children who spend long hours waiting for placement. In all fairness to the children, and the parents from whom we took these children, and to the staff who must supervise the children and young men and women, we have a responsibility to take immediate, corrective action.

Lincoln